

THE
Chicago Medical Journal.

A MONTHLY RECORD OF

Medicine, Surgery, and the Collateral Sciences.

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VOL. XXVIII. — FEBRUARY, 1871. — No. 2.

Original Communications.

ARTICLE I. — *Cases in Practice, with Remarks upon the Use of Veratrum Viride.* By B. O. REYNOLDS, M.D., Geneva, Wis.

CASE I. Called on the evening of Sept. 3rd, 1859, to visit William O——, aged about 48, residing near Elk Horn, Wis.; a person of delicate build and constitution.

Was informed that three days before, he was attacked with severe vomiting and diarrhœa, but they had not considered him dangerously ill until to-day.

Found him somewhat delirious, with high fever, and stomach and bowels considerably distended, tympanitic, and tender on pressure. Tongue thickly furred; respiration hurried; pulse, 130. As my notes are silent as to treatment at this visit, I will not, from memory, attempt to give it.

Sept. 4, 9 o'clock, A.M. All the symptoms of last evening greatly intensified, except the febrile heat, which had materially abated; stomach and bowels greatly distended, making no complaint on firm pressure; lungs resonant over their whole extent; indeed, exaggerated, or vesiculo-tympanitic over lower anteroportion; delirious—could scarcely be rallied to respond to questions;

great jactitation; pupils moderately dilated, and immovable; tongue flattened, motionless, and covered with a dirty, ash-colored coating, pale at the tip and edges, moist throughout; respirations 65 per m.; pulse scarcely perceptible at the wrist, but by listening to heart found to be 187 per m.

With the assistance of a neighbor, his head was raised, and he was forced to swallow m. x Nor. Tr. Veratrum Viride, mixed with a teaspoonful of water; directing m. viij to be repeated every three hours if he could be made to swallow; continue fomentation to bowels (which I had ordered last evening) and bottles of warm water to be placed to his feet. I left, never again expecting to see Mr. O—— alive.

Visited Mr. O—— again at 8 o'clock, P. M. Found him apparently dying; bathed in perspiration; countenance very pale; skin cool; respirations slow, (12 per m.) but full; with hiccough about once per minute, that seemed to agitate his whole frame, and even shake the bed; pulse 52, full, soft, and uniform; bowels much less enlarged, and much softened. His intellect seemed lucid, but he was unable to speak, or even raise his hand.

On inquiry, I learned they had given m. xx of Veratrum every three hours, instead of eight drops as directed—had given two doses, but said they would give him no more as they believed him dying; also, learned he had vomited freely; had an involuntary movement of bowels and bladder.

I did not inform them of their mistake, as the case was so forbidding at the beginning of the treatment that a fatal termination was liable at any moment, but mentally considered that I now had a well marked case of poisoning by Veratrum Viride to deal with. R. Brandy toddy, with capsicum, every fifteen minutes. He had taken but two or three doses when he showed perceptible signs of improvement, when the intervals of giving the stimulus were lengthened. In one hour the pulse had risen to 70; at 10 o'clock, pulse 75; general appearance much improved, at which time he was enabled to drink a little broth. In one hour more the pulse had risen to 75, full and uniform; hiccoughing only at intervals of ten or fifteen minutes.

At 11 o'clock the hiccoughing had entirely ceased; pulse 75; respiration nearly natural; enlargement of bowels diminishing. He continued to improve in every respect up to 1 o'clock, when I

left him after leaving a few Pulv. containing Quin. gr. i., Opi. gr. ss.—one to be taken every four hours—with some general directions relative to his food and comfort.

Sept. 5th, 5 o'clock, P. M. Patient very comfortable, says he feels well; enlargement of stomach and bowels nearly gone, but slightly sensitive to firm pressure; pulse 83; respiration natural; tongue cleaning, and everything indicating a speedy convalescence. R. Quinine, gr. ij, every six hours, and Tr. Chlorid. Ferri, m. x, morning, noon and night. Left, with instructions to inform me if patient became worse. In the course of a week I saw Mr. O—— in the streets of Elk Horn looking as well as usual, and he said he felt well.

CASE 2. Called Sept. 11th, 1869, by telegram, to Delavan, Wis., a distance of twelve miles, to see young P——, a lad aged about 17, arriving about 9 o'clock, P. M. Found him under the care of Dr. B. Devendorf, a very intelligent physician of Delavan. Young P—— had been about one week sick with inflammation of bowels. Condition of patient: pulse 140 per m.; respiration (not counted) considerably hurried; tongue thickly furred, very red at tip and edges; bowels greatly enlarged and extremely sensitive to pressure, even of the bed clothes; frequent vomiting; complaining of great pain in bowels, though he was moderately under the influence of morphia. Had recently had free discharges from bowels; renal secretions, scanty and high colored; constant thirst and great febrile excitement.

If my memory serves me, the treatment he had been under for the past twenty-four hours, was about the following, viz.: Calomel, Morphia, Aconite, Digitalis, and thorough fomentations to bowels.

All these in good honest allopathic measure, and yet, as the Doctor expressed it, he "feared he might slip through his fingers."

The results of our deliberation were: That the Morphia, Aconite, and Digitalis, be discontinued; continue alterative doses of Calomel, and the fomentations; also, Nor. Tr. Veratrum Viride, m. iv, every two hours.

In one hour, the pulse had fallen ten beats; in two hours, twenty; in three hours, thirty-five; meanwhile the pain had nearly or quite left the bowels, which had become considerably diminished in

size, and less tense; respiration less hurried; skin becoming moist, and had a moderate evacuation of bladder.

At about this period, friends (having been telegraphed to, at Milwaukee) arrived, bringing with them a disciple of the insane Hahnemann, who immediately advised Tr. Aconite, m. 1-8, and a small spoonful of Apis mel (don't recollect the exact amount); but in some way the idea got through his cranium that the patient could take none of these while we were in attendance.

We modestly intimated that we were in the case "for keeps," or until the friends of young P—— desired a radical change of medical attendance.

The friends very justly concluded "that inasmuch as the patient was doing well, and momentarily getting better, no change was advisable."

To this the professional gentleman acquiesced with apparent good grace, yet very modestly and politely insisted upon making an application to patient's bowels, with a pocket homœopathic battery, which he very forcibly and lucidly demonstrated *could do no harm*, while it might possibly do a power of good. But this very harmless request (to the shame of my venerable friend first in attendance be it said) was also refused.

Continued the Veratrum in smaller doses and at less frequent intervals, until about two o'clock, the pulse meantime getting down to 90, and the young man's symptoms improved in every respect. Dr. D—— and the writer, after giving directions for the night, or rather morning, retired.

Sept. 12th, 6 o'clock, A. M. Found patient much improved in every respect. Had rested well, and slept considerable the latter part of the night; perspiring quite freely; has not vomited; bowels much less tender and swollen; tongue looking better; pulse 85. As Dr. D—— had not come round yet, left him a hurried note, and returned home.

Sept. 13th. Received a line from Dr. D—— in which he says, "Patient doing finely." In a few days I met Dr. D——, when he informed me that our patient had a rapid recovery.

CASE 3. Oct. 30th, 1870. Called to see Wallace H—— of Geneva, a lad of 13 years, not remarkably robust when in his best condition. Found him with well marked symptoms of typhoid

fever. His mother stated that he had been complaining for more than a week. It is not my design to enter into the minutia of the progress or treatment of this case, during the first few days of its continuance; but I would simply say, that for typhoid fever, it assumed a mild, though unambiguous form, and continued to progress favorably until Nov. 8th, 9 o'clock; on my arrival, the mother stated that W—— had passed a worse night than any since his illness.

At this time he was taking small doses of Quinine, Aconite and Terebinthinate Emulsion. These had been administered for several days, during which time his tongue had begun to clean; bowels becoming less tender; alvine evacuations lessened in frequency and much improved in appearance and consistency. Indeed, up to this time the patient was considered to be doing as well as could be expected.

I find him with tongue nearly clean, but preternaturally red, of a glossy smoothness, with thinly scattered sharp papillæ elevating the mucous membrane, moderately moist, but the mother stated was disposed to become dry during sleep, and when going sometime without drink. Said she had not noticed any diminution in renal secretion; had perspired profusely during the night; had an evacuation of bowels, which she thought improved in appearance. On examination, I found his pulse 113, (they were 75 when I visited him yesterday); slight subsultus tendinum; bowels moderately sensitive to firm pressure, but much less so than during the first week of his illness; mind lucid when thoroughly awake, but disposed to wander when partially asleep; pupils natural, but the eyes had an undefinable quizzical expression, which impressed me unfavorably; lungs resonant; uniform warmth of extremities. Says his head does not ache; complains of no pain.

R. Suspend Quinia and Aconite; continue T. Emulsion and give Spirits Nit. Ether and decoction of Valerian. Informed the parents that I did not like the aspects of the case at this stage of the disease, and would see him again in the evening.

Nov. 8th, 6 o'clock, P. M. Found patient decidedly worse, had passed a very restless day; pulse 140; respiration rapid; tongue very red, smooth and dry; countenance anxious and hippocratic; delirious—rehearsing his boyish pastimes, etc., picking at the bed-clothes and reaching at imaginary objects—would answer mechani-

cally when sharply rallied—would protrude his tongue with difficulty; great jactitation, extreme restlessness, etc. *R.* *N.* *Tr.* *Veratrum Viride*, m. iv, every three hours. If nausea or vomiting occurred, omit *Veratrum* and give whisky sling.

Nov. 9th. Nine o'clock, A. M. Patient very much better; had taken medicine regularly; had not vomited; had rested well all night; skin moist; had discharged urine freely; no discharge from bowels; tongue moist, but yet red and smooth; pulse 70, full and soft. Parents very happy, and boy, as he expressed himself, "first rate." *R.* *V.* *Viride*, m. iij, four hours; *Quinine*, gr. i, six hours, with plenty of nourishment.

Evening, six o'clock, P. M. Still improving; takes nourishment with a good relish; pulse 68, full and steady; tongue moist and slightly furred; in a gentle perspiration; bowels less tender; no discharges from them; passes urine freely. *R.* Omit *Veratrum*, continue *Quinine*.

Nov. 10th, 9 o'clock, A. M. Still improving; pulse 80. *R.* Continue *Quinine*; *Veratrum Viride*, m. iij, morning and evening.

Nov. 11th, ten o'clock, A. M. Patient doing well; pulse 75; tongue beginning to clean. *R.* Cont. *Quinine*, and give *Ferro. P. & W.'s Elix.* of *Calisaya*, ʒ j, morning, noon and night. No medicine during the night.

This case continued to improve steadily, and on the 17th Nov. was discharged, with instructions to continue the ferruginous preparation for a few days.

CASE 4. Dec. 13th, 1870, three o'clock, P. M. Called to see *Ida G—*, of Geneva. Dr. H. W. Boyce in attendance. The patient, a lively, rosy little sprite when in health, about eleven years old. Scores of times during the past summer and fall, I have observed her dancingly tripping by my office, a perfect picture of health and happiness. She is well fed, clothed and housed, the pet and darling of the family, and cared for with most anxious solicitude by her intelligent parents.

I learned that she had been attacked, about three weeks previous, with scarlatina simplex, and had been constantly under the supervision of Dr. B. since that time; that the eruption came out promptly and thoroughly; that no complications were attendant; that in fact the Dr. and friends considered her to be doing well

until yesterday (12th) when she appeared somewhat delirious and had two spasms closely following each other, and to day has had several more. The Dr. was giving Cal. and Digitalis; had fomented the bowels, bathed the loins with Spts. Terebinth., and had given several injections of Sulph. Magnesia. Present condition: slight puffiness of the face and hands; upper eyelids considerably swollen; bowels moderately enlarged; urine scanty; extremities cold; face flushed; tongue moist, but covered with a dirty, drab-colored coating; pupils slightly dilated, but contracted on exposure to light; eyelids firmly closed and would not open them; a dry, spasmodic cough; partially delirious, talking constantly; complaining of feeling very tired; had vomited some to-day; lungs resonant; pulse 110; respirations 40; great restlessness, constantly tossing about in bed, etc.

Diagnosis: Uræmic Poisoning.

It was decided that plenty of water should be given her to drink, and Decoct. Bac. Juniper and Fol. Buchu administered every two hours. As the Dr. was of the opinion that she could be made to swallow but little, small injections of strong solution of Pot. Chloras were to be used every three hours; continue fomentations.

Dec. 14th, eight o'clock, P. M. Requested to see Ida again. Found her to all appearance in a dying state. Dr. Boyce in attendance; had been constantly with her since my last visit. Patient has had several convulsions, but the Dr. thinks they have been partially prevented by free inhalations of Sulph. Ether and Fl. Ext. Valerian. Had kept up injections of Pot. Chloras, had also given one or more spoonfulls of chicken tea, but was unable to get her to swallow but one teaspoonfull of the decoction prescribed yesterday. Said the patient was dying, and he was worn out with fatigue and loss of sleep, requesting me to do whatever I thought advisable. He left the patient in my hands.

I now examined our little patient, whom I found pulseless at the wrist; extremities cold, shrunken and livid; pupils moderately dilated and immovable; constantly tossing in all directions, calling for mother and friends, who were gathered around her couch, momentarily expecting to see her stilled in death; heart beating too frequent to be counted with the ear to the chest, but it approximated 260 per m.; respirations 95 per m. Impressed with the

idea that she could not be made to swallow, and might die in its attempt, I prepared a two-ounce solution of Permanganate Potassa, in which was put *Nor. Tr. Veratrum Viride*, m. xv, and had it injected per anum. This was immediately rejected. Calling for a teaspoon, and filling it about half full of cold water, I dropped from my phial, *Nor. Tr. Veratrum Viride*, m. x, into the spoon, and with the assistance of those in attendance enabled the dying Ida to swallow it to its last drop.

Laying her down and looking at my watch I found it was just nine o'clock. Ida remained (doubtless from physical exhaustion) perfectly passive and motionless for the space of ten or fifteen minutes; nothing was heard in that room but the rapid breathing of the little sufferer, and an occasional stifled wail of anguish from the grief-stricken friends. She soon began, however, to be uneasy, but not to the extent she had been before.

In forty minutes from the time the medicine was given, I could plainly discern an improvement in her breathing. Heart beating evidently slower, but too tumultuous to time correctly. At 10 o'clock nearly all present began to whisper "She seems better." At 11 o'clock she was much improved, and was induced shortly after this to drink cold water. At 11½ o'clock counted pulse at carotid, found them 200 per m. At this time for the first, could feel a perceptible thrill at radial artery, but too delicate and unsteady to be counted correctly.

At 12 o'clock finding the pulse but little more reduced in frequency, I gave *Ver. V.*, m. vij, followed by a draught of cold water. At one o'clock, with care the pulse could be counted at the wrist 185. By this time she had become comparatively comfortable. At two o'clock the pulse had lessened in frequency to 145, considerable volume, uniform and steady; respiration and general appearance much improved; extremities warm, and skin moist. Would drink water, but it required considerable firmness and tact to enable her to do it. Three o'clock, pulse 142.

R. Tr. V. Viride, m. v. At 4 o'clock, her pulse had fallen to 132, increasing in volume as it diminished in frequency; respirations counted, and found to be 44; patient very comfortable; gently perspiring. No appearance of nausea or vomiting. After giving instructions to administer *V. Viride*, m. iv, every three hours, with abundance of water as often as she could be induced to drink, and

to give milk or animal broths occasionally, I left, feeling conscious that we had accomplished a good night's labor.

Dec. 15th, ten o'clock, A. M. Found Dr. B—— in attendance, who expressed great astonishment that Ida was yet alive. Patient much improved, pulse 102; respiration 40; sweating freely; had passed urine; had drank water quite freely. R. Tr. V. Viride, m. iij, every four hours. Light to be excluded from room as much as possible. All visitors and superfluous attendants to be excluded from the room, and a liberal amount of water, milk and animal broths to be given her.

Dec. 15, 7 o'clock, P. M. Visited Ida again. Has been very comfortable all day; has taken her medicine regularly; has no nausea; has taken milk and other nourishing drinks; has passed urine freely, also had a small discharge from bowels; countenance calm but somewhat pale; skin cool and covered with moisture; puffiness gone from eyelids; tumefaction of bowels disappearing; intellect clear, and for the first time since I had been visiting her she opened her eyes, and protruded her tongue on my requesting her to do so. I find her pulse 62, soft and full; respiration 33; perspiring freely; extremities warm. There has been no vomiting. Directions: discontinue medicines during the night; keep her very quiet, give plenty of bland nourishment.

Dec. 16, 8 o'clock, A. M. Patient continues to improve; rested well most of the night. Called for coffee and cake, her accustomed breakfast when in health; partook sparingly of weak coffee and cracker. Respiration nearly natural; pulse 95; skin moist; urinary secretion fair. R. Quin. gr. i, every six hours; Tr. Veratrum, m. iij, as often as necessary to keep the pulse below 90; also, give Acetate Ammonia, one teaspoonful every four hours.

Nine o'clock, P. M. Patient still improving; pulse 90; respiration good; bowels had moved; considered the patient out of danger. Left her in the hands of Dr. Boyce, with advice to continue tonics in small doses, and control excessive action of heart with Veratrum if necessary.

I have heard from Ida daily, and she has continued to improve steadily, and at this writing, Dec. 26th, is almost completely restored.

REMARKS.

As this report has become extended to a much greater length than was at first anticipated, I will not enter upon the discussion of the mooted question, "Is *Veratrum Viride* a poison?" nor speculate on the *modus operandi* of its action on the animal economy.

Suppose it is "a virulent poison," as some of our old authors have it (which, however, I do not believe), must the profession ignore its discriminate use on that account? Taking this view of the remedy under consideration, does it not rather lead to the conclusion that in it we have a potent agent, capable, under proper and well chosen circumstances, of accomplishing a vast amount of benefit in the treatment of disease?

If the word "poison" has such alarming import, why not in practice discard the use of Alcohol, Arsenic, Aconite, Ammonia, Antimony, Belladonna, Bismuth, Camphor, Cantharides, Colchicum, Chloroform, Digitalis, Ergot, Ether, Hyosciamus, Hellebore, Henbane, Hemlock, Iodine, Lead, Lactucarium, Lobelia, Mercury, Nux Vomica, Opium, Stramonium? The entire class of mineral, and some of the vegetable, acids, together with many other articles in daily use with the profession—even Epsom Salts and Cream Tartar—would belong in the same category, (*Vide* Taylor on Poisons, pp. 19, 305), for they have been known to destroy life, which fact, I think, cannot be substantiated in regard to the article under consideration.

In the use of *Veratrum* in Case 1, I was at the time as ready to censure as to praise. That Mr. O—— would have died in a few hours without its use, I was satisfied. That its over-dose came very near killing him, I felt also positive; and that it ultimately saved his life, I am, and ever shall be, morally certain.

Case 2 having been judiciously treated from the beginning, might possibly have recovered without its use. But I ask; what remedy or remedies have we, that would have caused so perceptible a change for the better in so short a time?

In a continuous practice of twenty-four years, I have treated many cases of this grave disease, both in army and private practice, and I here affirm that I never saw a case of this disease make

half such rapid progress towards health, as was exhibited in this case under the use of *Veratrum Viride*.

In Case 3, it seemed "like a strong man armed" to lift little Wallace from the declivity which leads to death, and rapidly restored him to health and happiness.

In Case 4, its workings were more like magic than anything real. It seemed to clutch, as it were, this child from the icy embrace of death, and but for its timely use, I have no doubt that dear Ida would have been "where the woodbine twineth," within a few short hours from my arrival on that eventful evening.

ARTICLE II.—*Cases in Private Practice.* By JNO. E. OWENS, M.D., Surgeon St. Luke's Hospital, Chicago.

[Continued from page 20.]

Remarks. Besides the drastic cathartic and injection, the treatment, in the first case, consisted of Calomel and Opium in combination, Sweet Spirits of Nitre, and Opium, or Morphia pro re nata. Every effort was made to apply leeches, but in vain. In lieu of the latter, a blister was ordered over the tender part, but this produced anything but a satisfactory result. Fomentations were used from the first. In this case I was in the dilemma of having started with an incorrect diagnosis. Indeed, I know of no class of diseases so obscure, in a diagnostic point of view, whether connected with the alimentary canal in general, with the cæcum and appendix in particular, or with other organs in this locality, as tumors, inflammatory or otherwise, of the abdominal cavity. As the case progressed, however, it became the more obscure, as the prominent symptoms of intussusception were forced more and more in the background. Since this case was under my care, I have learned that every minute circumstance is important, and must be considered, before we can arrive at a correct diagnosis. Localized pain, tenderness, nausea, vomiting, swelling, distension of the abdomen, constipation, and a scanty secretion of urine, characterized the first case. We may have precisely the same chain of symptoms in inflammatory affections of the cæcum and

its appendix, whether the inflammation commence in the areolar tissue around the cæcum, in the cæcum itself, in its peritoneal covering, or in the appendix. We may have the same chain, in intestinal obstruction and strangulation, whether the cause be the presence of foreign bodies, impacted feces, gall-stones, strictures of the gut, displacements, brands, adhesions, or gaps in the ementum. These, then, being prominent points of similitude, let us see what points of contrast there are between intussusception or obstruction, inflammation of the cæcum and appendix, from the presence of foreign bodies in the appendix, and simple inflammation of the same. The most frequent form of intestinal obstruction is intussusception. There is a sudden pain, which recurs in paroxysms, is accompanied by constipation, and is usually localized by the patient. At the seat of pain, a firm, dull, resistant tumor, or mass, is usually felt. Nausea, vomiting, prostration, fever, peritonitis, and distention of the abdomen, supervene. The vomiting sooner or later becomes stercoraceous—unless the disease be seated in the upper part of the tube—in some part of the jejunum, for instance, in which case the vomiting will remain bilious for the most part. If the tumor is located about the iliac fossa, fecal vomiting will soon occur. We can well understand how insuperable must be the constipation of a perfectly closed bowel. Sometimes, however, the constipation is not absolute, owing to the constricted part remaining pervious, the liquid contents passing through the intussuscepted part and occasioning a deceptive diarrhœa. There may be, likewise, this same deceptive diarrhœa, should the obstruction be located in the upper part of the tube, and occasionally when it is seated in the large bowel. Indeed, after a time there is likely to be a discharge of blood, serum and mucus, accompanied with considerable tenesmus. These, together with the paroxysmal character of the pain, and the movements of the excited intestines, which may be seen and felt soon after the commencement of the affection, are symptoms that materially assist us in a diagnosis of intussusception. Finally, the symptoms of obstruction force those of inflammation more and more in the background.

The most common affection of the cæcum and appendix, is inflammation. It arises from a variety of causes. When an inflammatory affection of this part of the canal is diagnosed, it is

seldom that we can go further, except to remember that it is generally caused by the presence of foreign bodies. Of course, the symptoms vary according to the severity of the inflammation, In forming the diagnosis of inflammation from the presence of a foreign body in the appendix, we must eliminate cancer, psoas-abscess, inflammation of the ovary, abscess of the kidney, abscess in the abdominal walls, cæcal distension, and intussusception. This may done, for the most part, by a critical consideration of the history of the case. Cancer, psoas-abscess, and abscess of the kidney, are chronic affections. In suspected renal abscess, an examination of the urine will negative or confirm the diagnosis. In cæcal distention and inflammation, unless a foreign body be present, the symptoms seldom become so urgent, and are scarcely ever fatal. Ovarian disease usually comes on with disordered menstruation, and the pain is usually lower down in the hypogastrium. The symptoms of abscess in the abdominal parietes are markedly less severe, and the disease, in a very short time, manifests its local character. In the first case—one of the presence of a foreign body in the appendix—the patient was attacked, eight or ten hours after eating chestnuts, with colicky pains in the right iliac-fossa, and was obliged to return from his evening walk. The bowels were somewhat constipated on Friday, 7th. The second day, the pains grew intense; there were constipation, fever, some nausea and vomiting. In the right iliac-fossa an irregular, exquisitely painful tumor, dull on percussion, was detected. There was surrounding tympanitis. The vomited matter was bilious. An invagination at the site of the tumor would, very soon, have been attended with fecal vomiting. The constipation was not insuperable, since there was an evacuation the first part of the third day; four others, containing a little mucus, towards the latter part of the third day, and one on the fourth. None of them contained blood, nor were they characterized by the normal amount of fecal odor. The symptoms of peritonitis rapidly became prominent; the abdomen grew more and more tympanitic; vomiting, with absence of fecal smell, continued; tenderness became more extended; the urine scanty; temporary suppression supervened the third day; the patient, growing more restless, died at the end of six and a half days. This is the history of inflammation of the

cæcum and appendix, with perforation of the latter, from the presence of foreign bodies, such as raisin or grape seeds, cherry stones, chestnuts, pins, nails, shot, bristle of a tooth-brush, etc. We may include gall-stones, and fecal and mucous concretions. Cases of perforation generally occur in early life. Habershon says that the detection of foreign bodies in the appendix, without any severe irritation being felt, is by no means uncommon. A pin has been found with its head downwards. Again, he has observed an iron nail, shot, and, if I remember correctly, a mucous or fecal concretion, whose nucleus was the bristle of a tooth-brush, thus lodged, without injury. Inflammation of the appendix and cæcum, from the impaction of foreign bodies, rapidly progresses from bad to worse, especially in cases of ulceration and perforation. Cases like these, commencing with great tenderness and fever, are inflammatory from the first.

The differential diagnosis of simple inflammation of the cæcum and appendix, and that arising from the presence of foreign bodies, is a most difficult subject. Proof of the ingestion of foreign bodies, such as I have enumerated, and the greater prominence and obstinacy of the symptoms of the case look more toward the latter. If gall-stones have previously been detected in the stools, or should previous symptoms have pointed to their passage from the gall-ducts, or gall-bladder, the probability of their presence in the appendix or cæcum must be considered.

From the *post-mortem* consideration of the first case, I need scarcely say how wrong was the exhibition of drastic cathartics, which not only do no good, but positive harm, by increasing the frequency of vomiting, and aggravating the other symptoms. Unless the case be one of distension of the cæcum, from feces and gas, active cathartics are contra-indicated. In the matter of diagnosis, something may be gained by the administration of a mild aperient, but should we find that the constipation does not yield, it is erroneous to persist in this direction. Leeches, fomentations, rest, and chloral-hydrate, are the remedies to be employed. Morphia and opium are likely to add to the nausea and vomiting; hence chloral-hydrate is preferable. In the second case of simple inflammation under this treatment, the patient made a good recovery.

ARTICLE III.—*Obstinate Dyspepsia Cured by the use of Milk.*

By I. N. DANFORTH, M.D., Chicago.

For the past few years, milk, as an article of diet, in certain morbid conditions, has been much lauded by numerous writers, and very frequently, as well as beneficially, employed both in private practice and in hospitals. It is rarely the case, however, that milk, or indeed any other exclusive article of diet, is so persistently adhered to, as in the instance which I propose to report at the present time.

Mr. N. W. Belknap, an intelligent gentleman, residing in Nokomis, Illinois, found himself, in the year 1853, suffering from an obstinate and very aggravated dyspepsia, which had harassed him for many years previous. He had been "doctored" with every conceivable remedy, without any result, save the merest temporary palliation of the more urgent symptoms. Constant gastralgia, obstinate constipation, progressive emaciation, sleeplessness and hypochondria, were the more prominent symptoms at the time alluded to. Discouraged and disheartened, he determined to take the case into his own hands. His first step was to "throw physic to the dogs," and abandon drugs entirely; in the next place, he commenced a careful study of his case, with the view of ascertaining what form of diet was most acceptable to his now exquisitely sensitive stomach. After a series of remarkably well conducted experiments, he found that fresh milk—"warm from the cow"—was most easily digested, and was therefore the proper article of diet for him to adopt. Accordingly, he commenced, at the date above specified (1853), the use of milk as his exclusive food. He was at this time twenty-four years old, and weighed 110 lbs., and, as I have already indicated, his condition was truly deplorable. Under the use of the milk diet, his health has been gradually restored until, at the present time, his weight is 170 lbs., and, in every regard, he presents the appearance of a robust man. He now consumes four quarts of fresh milk every twenty-four hours, together with about four ounces of stale bread. He eats no meat at all; occasionally he indulges slightly in vegetables, as turnips, cabbage, potatoes, and apples. A very remarkable feature of Mr. B.'s case is, that he drinks no water—"not a gallon of water since 1853"—but

drinks milk instead. He always takes a pitcher of milk with him to his place of business, and makes it his constant beverage—not even drinking tea or coffee. I was much interested, also, in his statement that he felt little desire for any other kind of diet, but that he never tired of milk. It is a very common complaint among patients, when we attempt to restrain them to the exclusive use of milk, or, indeed, any other exclusive article of diet, that they soon tire of it, and in many instances it becomes so absolutely disgusting, that the stomach cannot be made to receive it, much less to retain it. Yet, here is a man who for *thirteen years* has made milk his all but exclusive diet, without even feeling it to be a hardship. An increase of body-weight might naturally have been looked for; but I think hardly any one would have anticipated so great a gain as 60 lbs. even in so long a time as this experiment has been in progress. One other point demands a passing notice: as a general thing, milk is likely to induce a tendency to constipation, so troublesome in some cases as utterly to preclude its use. Indeed, the “clogging” properties of milk are such a constant and not altogether unpardonable scare-crow to nurses, that it is frequently very difficult to get them to administer it in quantities sufficient to be of any great service. But in the present case, obstinate constipation has been replaced by almost clock-like regularity of the bowels. The discharges, Mr. B. informed me, are habitually light colored. Dr. S. Wier Mitchell, of Philadelphia, in a recent article in the *Medical Times*, states that “the stools begin to show the milk-tint—a yellowish or salmon hue—after forty-eight hours, and when the milk disagrees they are apt to be loose, while usually they are intensely tough and constipated.” Dr. Mitchell’s remarks relate to skimmed milk instead of fresh milk, however.

A microscopical examination of the urine in the case I have related, revealed nothing unusual, except what I had already anticipated, namely, the presence of a few free oil drops, although the proportion of oil was considerably less than I expected to find.

I have recorded this case at some length, because, in the first place, experiments in diet, conducted with such pains-taking persistency, are extremely rare, and when one does occur it is worth recording; and, in the second place, because it goes to

confirm a conviction I have long entertained, that, when milk does not absolutely disagree with the stomach, we shall find in it our most efficient means of combating many cases of gastric disorder—and especially that distressing malady which is known as “acid dyspepsia.”

In conclusion, I have to thank Mr. Belknap for his kindness in furnishing me with a history of his case, as well as for the permission he gave me to publish it; and I may add that Dr. P. B. Cook, a cultivated and high-toned physician residing in Nokomis, assured me that the statements of Mr. B. were entirely reliable.

ARTICLE IV.—*On a few Instruments for the Practical Treatment of Uterine Diseases.* By PHILIP ADOLPHUS, M.D., Chicago.

The object of the writer in these articles is to describe the instruments which he has found most efficient in the diagnosis and treatment of Uterine Diseases, after repeated trials of a great variety not only in his private clientèle but also in a somewhat extensive dispensary practice.

NOTT'S SPECULUM.

The fact that the show cases of the instrument dealer groan with different kinds of Specula, and that almost every journal brings us a description of another modification, should be an evidence to us, that the instruments we possess are not perfect. Scanzoni says: * “We have experimented with instruments of the most diverse construction, and we are convinced that none of those now known completely answer the purpose.”

All the cylindrical and valvular specula now in use have for their object the verification by the eye of the diagnosis made by the touch, of the various stages of disease of the *vagina and cervix uteri*, and the color and consistence of the accompanying discharges; and furthermore, the application of instruments and remedial agents to these parts.

* Diseases of Sexual Organs of Women. Fol 44.

The length of the blades of these instruments and their immobility after insertion, interfere with treatment, for, as Lisfranc observes,* "In cases requiring operations about the cervix, all that the surgeon has to do is to lay hold of the os uteri with a hook, and draw it gently down until it comes fairly within sight." This is a very serious objection, for the hook or its substitute, a tiny vulsellum, is now advantageously used for the purpose of steadying the womb and drawing it downwards in every operation, great or small. In the introduction of the probe for the purposes of diagnosis, in the constant probings instituted whilst handling instruments, for the purpose of guiding them safely, painlessly and efficiently to their destination; in applications to the cervix and fundus, in inserting sponge tents and removing them, in intra-uterine scarifications and in the introduction of the uterine catheter for the purpose of cleaning the organ of its morbid secretions; in all these cases we absolutely need the hook or vulsellum to draw down and then steady the uterus.

It is almost impossible to probe the cavity of the womb with valvular and cylindrical specula in situ; it consequently follows that no instrument can be easily introduced into that organ through these specula. The immense loss to *diagnosis* and especially to *treatment* will become apparent when the remarks on the Uterine Sound are perused. Generally speaking, the diagnosis regarding the size of the uterus, its versions, flexions, consistence and mobility, with any existing complications, can be ascertained by the vaginal and rectal touch, combined with abdominal palpation. Not always, however, can this success be attained by manipulators. The experienced skill of a Sims "may determine the condition of the uterus as easily as we would that of a pear in a napkin," yet there are very many cases, where fright, pain, nervousness, natural stupidity, excessive adipose deposit of the walls of the abdomen, tympanitic distention, inflammation of parts and spasmodic contraction of the abdominal parietes, prevent the attainment of even an approximation to a correct idea of the state and position of the uterus on the first examination by the touch. Nay, repeated examinations are necessary under these circumstances where anæsthetics cannot be used.

* Sir J. Y. Simpson, *Obstetric Memoirs*, 1855. Note, fol. 61.

In these cases, and they occur frequently, a proper speculum will permit us to introduce the probe gently, easily, successfully; and gather all the information which this instrument *thus employed* is capable of giving.

Finally, the valvular specula dilate the vagina by mechanical force, often produce much pain by distention and pinching of parts, hide from view diseased conditions of the vagina, and are useless in all operations where the knife and scissors are necessary. In short, the limits of their usefulness consist in permitting an ocular examination of the cervix and the treatment of its maladies.

It cannot be controverted that the *beau ideal* of a good speculum is that of Sims. To enumerate its qualities and capacities is to recapitulate every necessary requisite for the easy performance of the simplest as well as the most difficult of manipulations. Every speculum claiming superior advantages will be gauged by its approximation to the good qualities of that of Sims. His merit in the introduction of this great boon to Gynecology consists in the fact that he took advantage of an accident, which happening to an ordinary man, would have borne no fruit to humanity.

I cannot do better than to quote the words of Thomas in this connection.* "I have elsewhere called the labors of Récamier and Simpson eras in the progress of this department. I now venture so to style those of Marion Sims. In doing this I make no reference to the improvements inaugurated by him in the treatment of injuries to the genital organs; my allusion is to the great advantages which now flow and are to flow from the invention of his speculum, which exposes the uterus by a new principle and opens the way to a more complete examination of this organ.

"Récamier marked an era by improving our powers of diagnosis in exposing the cervix uteri; Simpson, another, by opening to investigation the body of the uterus; and Sims, a third, by rendering both investigations more simple, complete and satisfactory. The ordinary specula in use before the discovery of Sims' simply separate the walls mechanically, and thus expose the uterus. Sims' instrument, on the other hand, elevates the posterior vaginal walls, which allows the entrance of air to distend the whole passage, the woman lying on her side in such a manner that the cavity can be probed with the most perfect ease, and applications

* Diseases of Women, by T. G. Thomas. 1869. Fol 49.

made to the fundus. I am fully aware that many will differ with me in opinion, but being entirely free from prejudice in favor of this instrument, or against the ordinary varieties, I maintain it fearlessly, feeling confident that time will prove it to be correct. No one who has not tested the two methods of examination is really entitled to an opinion upon the point, and I cannot doubt the conclusion of him who has done so faithfully and intelligently."

Although the writer of this article is delighted to bear testimony that the little he knows of practical manipulations has been acquired by the use of Sims' Speculum and Probe; still he must admit that whilst some objections advanced by authors against the use of this speculum have no weight, there are others, which do not make it expedient to introduce it in the ordinary operations performed in private practice.

According to authors, a skilled assistant cannot be dispensed with, a table, a chair or bed three feet high is necessary, a horizontal light is requisite.

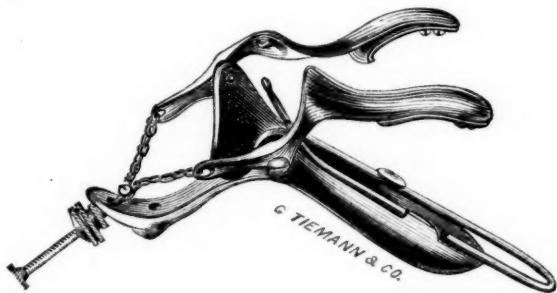
It must be admitted that in cutting operations a skilled assistant is requisite; it would be desirable also in ordinary operations, but it is not necessary. The correct position of the patient is indispensable; for the rest, a light and steady hand to retain the speculum is the requisite qualification of the assistant. Over fifteen hundred examinations have thus been made by the writer, with the assistance of such of his dispensary patients as happened for the time being to be present for treatment.

The chief objection against its use, however, *is the presence of a third party* when that presence is not desired.* "The amount of confidence shown to the profession by women in this respect, varies extremely, but I may safely say, that it is greatest in proportion to their rank and mental culture, for while women of the lower, and middling classes have not the delicate perception of implicit trust, those of the higher feel that they can rely on the honor of gentlemen, and are generally of opinion *that it is sufficiently painful to submit to an examination without having the additional annoyance of its being witnessed even by another.* The best plan, therefore, is to let patients do just as they

* Uterine Therapeutics, E. J. Tilt, M.D. 1869 Fol. 11.

like, without objecting to, or requiring, the presence of a third party."

To Dr. John C. Nott, of New York City,* belongs the distinguished honor of having introduced to the profession a speculum, which, when it becomes generally known will be in the hands of every practitioner at home or abroad. Its qualities are such that it must supercede all specula (excepting Sims') now known. Another era has dawned on Gynecology, for by its use any instrument can be introduced into the uterus with ease and safety, and the patient may be placed on a bed or couch in the usual position (on the back), the practitioner requires no assistants, the instrument, easily introduced, is self-retaining, does not pinch or stretch the parts, and produces no pain on introduction. The uterus can be drawn towards the operator, whilst the speculum is in situ, the parts will then be felt as well as seen, and any operation performed which the practitioner would desire to perform without an assistant.



No one can form an adequate idea of this instrument without having seen and tried it. It is correct in design and simple in its construction. In the accompanying figure it appears formidable and complicated. I shall copy the author's description of his instrument, and add such comments (in brackets) as occur to me.

[This tri-valve instrument consists of a large duck-bill four inches long, to which are attached two small valves or feet of three inches in length; these are fastened by means of chains, to a screw which opens or closes the instrument.]

* Vide American Journal Med. Sciences, October, 1868, fol. 420, and American Journal of Obstetrics, Nov. 1869, fol. 490.

"To the large blade, or duck-bill, is attached a loop of strong steel wire, which may be slid forward or backward, according to the depth of the vagina. This acts as a depressor on the posterior wall of the vagina, but is rarely required except in large fat women."

"The two feet or small blades, which rest on the rami of the pubes when the instrument is introduced, are attached to a screw by means of chains. At the extremities of the feet, are fixed on the inner surface small steel plates, which may be pushed out to increase its length."

"These two feet are so shaped as to curve smoothly around the bones, and not to press on their sharp edges." [Their length is three inches, their width one-half inch, when fully expanded the separation of these little blades at the ostium vagina is two inches, whilst at the terminus of the small blades the distance is three and one-half inches. The vertical distance from either of the small blades to the bottom of the duck-bill, when fully expanded, is, at the ostium vagina, two inches, and at the end of the little blades, three inches. Let any one examine the speculum so disended, and he will at once perceive that Mr. F. A. Stohlgman, of the firm of G. Tieman & Co., New York, has executed Nott's design with the ingenuity of a master hand.]

"The instrument is expanded by means of a button which plays up and down the screw, expands and contracts all the blades simultaneously, and fixes them at any point to suit the capacity of the vagina. Thus expanded, the anterior wall of the vagina is pushed out of the way [by a Sims' Depressor] and the os uteri brought into view, a single tenaculum [Sims'] or a double spring tenaculum [Nott's] is then fixed in the anterior lip, and the organ is drawn forward, placed and held in the position we desire."

I have removed the loop of strong steel wire, which is attached to the large blade, as it is seldom required, and can be introduced whilst the instrument is in situ, should a very long vagina make it necessary.

"The small steel plates which are fixed at the inner surface of the extremities of the feet, which may be pushed out to increase its length," I have never used, and cannot conceive, when, why, and for what purpose they should be used, and I would respectfully suggest to the inventor, that he would request Mr. Stohlgman

not to add them in future. I know that the instrument would become more valuable without them.

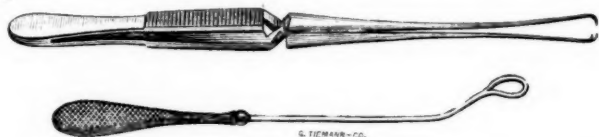
To prevent pain to the patient and difficulty to the operator, whilst the instrument is expanding, the screw should be always oiled.

Thus used, the instrument is destined to make the tour of the globe, to confer blessings on women, and to advance the science of Gynecology.

Fifty-four years have now elapsed since Récamier introduced his Speculum; twenty-eight years have rolled away since the illustrious Simpson opened the interior of the uterus to manipulations; again, have twenty years passed since another great man by the invention of the speculum insured ease and safety to investigations, where previously the greatest skill was only rewarded by riskful uncertainty; and now J. C. Nott gives us an instrument which permits the general practitioner with a little practice to emulate the skill of the giants of our profession.

We, nevertheless, continue to use Récamier's or its modifications at this day almost exclusively.

NOTE. Before me lies a duck-bill of English make (Meadows' patented, Meyer & Melzer, London), identical in principle with Sims' and Nott's. It is a trivalve, but inferior to Nott's. The duck-bill is too long, $4\frac{3}{4}$ inches; the upper blades are too long, 4 inches, and too straight. It is nevertheless an excellent instrument.



Sims' Depressor, used for the purpose of placing the os uteri within sight of Sims' Hook, and Sims' Hook for grasping the lip of the os, and drawing it in the position required, are well known. I, however, prefer Nott's Vulsellum, for it has the advantages of holding the lip of the womb firmly without slipping, even when the hold of the operator on the instrument is relaxed. Neither of these instruments give pain.

All these instruments may be procured of Messrs. Bliss & Sharp, 144 Lake street, Chicago, the agent of Messrs. Tieman & Co., of New York City.

ARTICLE V.—*On some Points in the Operation for Hare-lip.*

A Paper read before the Chicago Medical Society, by F. C. Hotz, M.D.

The operation for hare-lip is very old, and has passed through many changes and discussions. So the surgeons, at one time, had a lively debate on the question whether the edges of a hare-lip should be pared with knives or scissors. At some other time, again, the good result of the operation was chiefly attributed to the pins used, and it was considered as a matter of the greatest importance whether these pins were of iron, steel, silver, gold, or platina, and whether the point was flat, rounded, or triangular—and you know well enough what an immense number of different hare-lip pins has been devised. Thus wasting much time and talent, in paying his whole attention to very unessential things, the surgeon neglected the most important point of the operation. And the time is not so very far back since we have been convinced that the success of a plastic operation does not depend on the material of the sutures, but that the direct adhesion is best secured by thoroughly excising and accurately uniting the edges.

The age at which the operation should be done, has also been the topic of discussion for some time. Now, however, surgeons generally, I think, agree that in strong, healthy children, the operation should be performed in the first three months; at least, before dentition, because an early closure of the fissure in the lip has proved to best remedy that flattening of the nose so commonly observed with hare-lips.

Thus, taking the question about the time best appropriate for the operation to be settled, there are three other points of interest in regard to the final result of the operation.

1. The way of paring the edges of the fissure.
2. The kind of stitches.
3. The treatment after the operation.

On each of these points there is still more or less difference of opinion among surgeons, as they claim to get equally good results by different ways of operating. I do not deny this fact, to be sure; but when a man wishes to get to any point, he does not ask only by which way he can get there, but he inquires for the shortest way. And so we must not be satisfied with a good result,

but we must ask, which kind of operation leads to a full success, by the simplest and safest way. And from this standpoint, gentlemen, I wish you would receive the following remarks on the features above mentioned.

I. PARING THE EDGES.

As I have already stated, this must always be done freely and carefully, in order to give any prospect for direct adhesion. But in regard to the permanent form of the lip, various ways have been tried to obviate all deformity, especially that very unpleasant, prolabial notch, so frequently left after an operation. You all are aware that this notch is occasioned by the cicatrice shrinking principally in its longitudinal direction. And you know also, that, as a rule, it is left if the incisions have been made entirely straight. But it is very likely to occur, also, in a somewhat broad cleft, although the incisions have been concave. *Malgaigne*, therefore, tried a more effective way to compensate the shortening of the cicatrice by cutting, at the lower end of the fissure, two small, angular flaps, which, when united, at first formed a small protuberance, that afterwards, as he thought, would shrink down just to a level with the prolabium. It is, however, impossible to know in advance exactly how much a cicatrice will shrink, and consequently we can never be sure whether we get just the accurate size of these flaps. They may be either too small, when the lip will become notched, or too large, when they will leave a protuberance as unseemly as a notch.

Now we have not to struggle with any of these uncertainties by following a plan of excising the edges of hare-lips, first suggested by *Mirault* and *Langenbeck* (French and German surgeons), a method which seems to me less known and practiced in this country than it really deserves to be.

The original directions were, that one small, angular flap (like those of *Malgaigne's*) was formed at the lower end of the better developed side of the fissure; the other edge was then pared off straight down in its entire length, and finally the prolabium of this side was refreshed so far as to correspond to the shape and size of that angular flap. But as such a small flap, sloping down to a thin edge, has not the best chances of healing on by first union, it is very advisable to cut off its thinnest part in a right

angle, and excise the prolabium of the opposite side also in a right angle, in conformity with this shorter rectangular flap.

This method perhaps requires a little more care and time than the other ones, but with some skill and practice it can be quickly executed in children as well as adults. It affords the same, if not a greater, safety of healing by first union, and it is superior to all other methods by completely preventing the prolabial notch; which it accomplishes, not by lengthening the cicatrice in order to compensate its shrinking (as Malgaigne and others did,) but by separating the wound in the lip itself from that in the prolabium. The consequence of which separation is, that the greater labial cicatrice—should it shrink ever so much—cannot affect the prolabium, while the scar in the latter is too minute to show any visible contraction. In this manner, as you see, the success of the operation is rendered entirely independent of all changes which subsequently may take place in the cicatricious tissue; and for this reason I consider *Mirault's* and *Langenbeck's* method preferable to any other.

2. UNITING THE PARED EDGES.

For a long time the twisted suture was the only kind used to unite the edges of a hare-lip; and it is predominant still, and considered by many surgeons (Dr. Gross e. g.) the only kind that should be used. Some surgeons, however, in Germany (Langenbeck, Simon, and others) as well as in England (Erichsen), have, in the last years, used the simple sutures with very good success. So says Erichsen in his "Science and art of Surgery" (p. 69):

"During the last few years I have been in the habit of treating hare-lips of all kinds, double as well as single, with the simple interrupted suture alone, without using any pins. I have in this way treated most successfully many cases in children, whose ages have varied from a few days to four years, with most satisfactory results, and with less marking of the lip than I have ever seen attend union by means of the twisted suture, to which I now generally prefer it, as being *equally safe, more simple*, and followed by less scarring of the lip."

I fully agree with these remarks. During five years of practice in the University Hospital at Heidelberg (Germany), I have had sufficient opportunity of comparing the value of both kinds of suture; for Chelius always applied the pins, while his successor,

Prof. Simon, used the simple sutures alone. And from these observations I have been convinced that the children suffered more from the pins, since they prevented them from sucking, and caused considerable pain, and were more likely to set up an excessive inflammation, that might destroy the fresh adhesion again by supuration. Therefore the surgeon must watch their effect most carefully, and has to take out the pins forty-eight hours after the operation, at latest. This proceeding, even by the utmost care, cannot be done without the child screaming and crying—precisely what we have to prevent, by all means. Now, on the other hand, the simple sutures (of any fine material whatever) may be left in for four to eight days without doing any harm; they don't hinder the child from taking the breast, nor do they provoke any injurious inflammation; therefore they need not be removed until the cicatrice will be firm enough to resist all dragging upon during screaming. Why, then, if the simple suture has all these advantages, was the more complicated twisted suture ever used? Because it was thought the only effectual means by which all injurious tension could be obviated, and the raw edges kept in accurate apposition. Now, no surgeon ever thought of using pins in treating a cleft palate, where the conditions are pretty much the same. And the facts prove that we can succeed with the simple sutures, especially if we apply them in a double row, according to their double purpose to relax and to unite the edges. Thus, near the lower end of the fissure, and wherever a great tension is to be obviated, we introduce a suture which incloses in its loop the entire thickness of the lip, $1\frac{1}{2}$ lines from each edge. If we tie these sutures, they will surely release the wound from any tension; but the mucous lining and the skin would very likely double up. Therefore, to adjust the raw edges most accurately, some other sutures must be introduced in the space between the former, in such a way that the needle (strongly curved) is passed in close at the border of the wound, and carried through the lip in a short semi-circle, and brought out again without transfixing the mucous lining.

The simple sutures introduced in the manner just described, will unite the edges of any kind of hare-lips as safely as the pins, and all tension which cannot be removed by them without danger of their cutting through too soon, will better be obviated by lateral incisions, or by detaching the lips from the gums.

3. DRESSING AFTER THE OPERATION.

Dieffenbach has already said (*Operative Chirurgie*): "Any dressing after this operation is not practical; instead of securing the success, it often frustrates it; many lips have been lost by the undue pressure of strips of adhesive plaster." And I think he was right. Neither plaster-strips, nor collodion, nor cheek compressors, are any reliable means to obviate dragging upon the wound. Nothing is required but to keep the parts cool and the child as quiet as possible.

And so I have come to the end of my paper, whose object was to point out the safest, simplest, and least troublesome way of treating hare-lips. The result of which investigation I may sum up in these words:

The edges shall be pared according to Mirault and Langenbeck's method, and brought together with a double row of interrupted sutures. The child is nursed in the same manner as before the operation, and everything avoided that could make it uneasy. Therefore the wound is not cleaned nor examined by the surgeon until after three to five days, or later; the adhesion will be sufficiently firm. Then the sutures may be taken out; yet no applications of any kind are made, but the child let alone with his mother. Because we had better remove all causes for screaming and crying, than to try to obviate its effect, *i. e.*, the dragging upon the wound, by means which will always prove a failure.

ARTICLE VI.—*Cases in Electro-Therapeutics. Reported by Wm. J. MAYNARD, M.D., Chicago.*

Earnest and well directed study has already demonstrated the fact that Electricity holds a high place in the treatment of disease, and it is truly encouraging to see what progress has been made in it, especially in the last few years. Besides the particular disorders of the nervous system, to which it has usually been applicable, it is making rapid strides in other departments of medicine. In giving this subject particular study of late, it has been my good fortune to have seen some remarkable cures made, and from my

own experience I present the three following cases, thinking they might not prove uninteresting to the readers of the JOURNAL.

Case 1. Mr. R. was sent to me by a leading medical gentleman of the city to see what electrical treatment would do for him, as all other remedies had failed to give the required benefit. The patient had been confined to his bed with typhoid fever, and during convalescence found that he had a partial paralysis of the left leg, with great anasarca. When I first saw him he was scarcely able to walk, but before six applications of the battery had been made he was able to walk several blocks comfortably, and with great diminution in the size of the leg. After twelve applications the patient was dismissed perfectly cured.

Case 2. At the request of the same physician, I was called to see Mr. D. Upon examination I found the left leg enormously distended by anasarca, great numbness of the entire member, with inactivity of the circulation. My success with the first led me to adopt the same mode of treatment, and although the pathological condition was entirely different, it was surprising with what rapidity the leg regained its normal condition after each application of the battery. After eleven sittings the patient was able to walk and attend to his business.

In these two cases, I do not attempt to deny that the general course of treatment at first adopted would, perhaps, after a lapse of time, have effected a cure, but I do claim that a far more speedy resolution was brought about by the electric agent. The great absorbing and alterative effect produced by the galvanic current is better illustrated by the following case, which it has been our pleasure to witness:

Mr. T., of this city, consulted me for the purpose of getting rid of a tumor, a little larger, perhaps, than a hen's egg, situated on the right side of the neck, along the anterior border of the sternocleidomuscle. The tumor had been growing for a long time and seemed to be slowly increasing. The diagnosis that I made, *i. e.*, that it was an enlargement of the lymphatic gland, he said, was confirmed by the opinion of other physicians. As he had too great a horror of the surgeon's knife to yield to the general mode of extirpating these tumors, I must confess that I entered upon the electric treatment with not much confidence in the result. I

used a rather powerful induction current, and passed it transversely through the substance of the tumor. After a few applications, each sitting lasting about twenty minutes, there was a perceptible diminution in the size of the gland. With this encouragement, the treatment was continued until sixteen applications were made, when all that remained was a small fluctuating mass, which I punctured, and drew out some fluid which had every appearance of lymph. This continued to discharge for some time, but the patient is now apparently perfectly well.

ARTICLE VII.—*Cook County Hospital.* Reported by CURTIS T. FENN, M.D., Chicago.

Oct. 21. Pathological. Johnson. Thrombosis, terminating in death. (Case 11, Nov. report.) Inflammation of the wrists, shoulders, knees, elbows and ankles had resulted in terrible abscess of each of these joints. The destruction of tissue had been enormous. A slight murmur over the cardiac orifices had been detected soon after his admission. The inference had been that there existed a thickening of the valves, it might be from fibrinous deposit. On *post mortem* examination, it had appeared that the right cavity of the heart was filled with a colorless clot, extending into the branches of the pulmonary artery, showing that fibrine had coagulated without entangling blood corpuscles. The question had been, what produced the clot? Such clots were one of the acts of death; but they might be found during the last few days of life. A true mechanical coagulum might occur by the roughening of an orifice. Endocarditis might give rise to such effusion as to entangle fibrine. Evidence of acute inflammation of the lining membrane of both sides had been found. There was a morbid point on one of the mitral valves where adhesion had taken place. Probably this had been the point of departure for little clots, which had been swept off by the current of the blood and had been carried to the periphery of the circulatory system where they had become arrested. They had plugged the small arteries, and mortification had ensued.

Specimens. Post mortem pieces of an old man admitted for

chronic ulcers of the leg, and partial dementiæ. The urine had not been albuminous. There had been enlargement of the superficial vessels of the abdomen. The ulcers had been cured up, but he had declined in strength, and died. The *liver* was diminished in size, but not in weight. The left lobe was atrophied as it often is in scirrhus. The right lobe cut like a turnip, the resistance being unequal. There were fibrous bands extending into it, so altering its appearance that the specimen might have been taken for anything else as readily as for a liver. There was diminution of the hepatic vessels. A little, pinched, narrowed orifice showed where the vessels passed into the fissure. Cirrhosis of the liver gave rise to abdominal dropsy, but in this case the enlargement of the external abdominal veins had prevented such an arrest of the circulation. This condition was variously described, passing as nutmeg liver or hobnail liver. This man probably had drunk distilled liquor. Germans living to be fifty years of age were apt to have fatty liver. Irishmen had cirrhosis, for they took whisky "*straight*." How did dram drinking produce this liver? If a person took alcohol on an empty stomach, it was speedily absorbed and went to the small vessels as a direct local stimulant; and this, kept up for days, months and years, produced the inflammation. The *kidneys* were somewhat enlarged; there was increase of specific gravity and quite deep congestion. They had become the seat of inflammation from precisely the same cause. The *spleen* weighed 2 lbs. 3 ozs. and 5 drs. The liver being non-distensible, the spleen had received the excess of blood. The *heart* was normal, shown for comparison. No clot. Bands of pleuritic origin formed pockets of membrane between the pleural surfaces. These were the results of a somewhat hasty study of the specimens before us. They would have repaid a further examination.

Surgical. Powell. 1st Case. Stump after reamputation of the thigh. Following the operation, there had been a bulging of the flaps, which increased till the third day, when they were laid open, and a large clot of blood was turned out. On washing the exposed surface, a little bleeding artery had been found and tied. A strong watery solution of carbolic acid had been used. It had whitened the tissues. The flaps then had been drawn together, but not closed. The patient knew too much about the accidents

that might come to stumps for his own good. Treatment: beef-tea and opium, with quinine. Opium had a better effect thus by acting on the skin. Lessons to be learned: 1. Never to close till the bleeding has ceased. 2. If hemorrhage has occurred, never to hesitate to open, and turn out and wash. 3. Carbolic acid had been extremely useful, lessening the discharges and promoting their healthy character. The stump had rested on oakum, under carbolized water. After the first two or three days, carbolized water had been omitted on account of the pallor of the edges of the wound, and lessened circulation. No perturbing treatment whatever. The wound was to be dressed simply as possible. Flaps which were left open healed better; they closed up from the bottom. The most successful surgeons did no more than to draw the flaps gently together. If the clothes should stick, we might use a little bit of simple cerate. The bandage would prevent spasm.

Case 2. Another stump. As nearly as could be learned, this man had had a sore of some kind on his thigh, which proceeded from the bone. An attempt to remove it had resulted in a fracture of the femur. The bone had failed to unite. Two months afterwards it had been amputated. The stump had healed; but, six or eight months later, an ulcer had broken out on the end, having the characteristic odor of epithelioma. The ulcer at present was deep, and spreading over the end of the stump; the surface was exceedingly irregular and ragged; the discharge was thin and sanious; the odor was characteristic. The microscope had not detected what, at the present time, was considered a cancer cell—namely, a large cell, with a nucleus corresponding in size and shape, and a nucleolus. But the microscope had lost caste of late in cases like this. If all the microscopes in the world should fail to detect the cancer cell here, he should say it was cancer, from the odor. The removal of cancer had the effect to delay the case from eighteen months to three years, and occasionally it did not return. In thinking of what was to be done, it was best to tell the patient candidly what there would be, namely, a delay of his fate for a few weeks only. In the meantime, we should use carbolized water as a disinfectant. The hospital had afforded one case of hip joint amputation last year. The subject had died twelve months

after the operation, of disease of the lungs. There could not well have been a more unpromising case for the operation than that was. This man would have a good chance if he submitted to a re-amputation at the hip joint.

Case 3. Street car injury. An elderly man, not a laborer. A pretty deep lacerated wound on the inner aspect of the thigh, near the knee, an apparently trivial flesh wound, but really a serious thing. The case presented an angry, bad look. The skin was dead, and gangrenous matter was coming out of the wound. The face was flushed: pulse, 108. Injuries occurring in persons a little irregular in their habits were by far the worst, on account of the danger that gangrene and pyæmia might occur. If this wound were laid open, dead muscle would be found extending far up the thigh. This patient ran two risks; the first from pyæmia, the second from hemorrhage, as the slough would be near the femoral artery. Such a wound should not be stitched. The freer its discharges the better. There was little feeling in the leg, and a decided lessening of the temperature. Treatment: Beef tea, milk, and the stimulant he had been accustomed to. If mortification should occur, free incisions and carbolic acid. Carbolic acid might retard a separation of the slough, but it certainly prevented extensive discharges, from which exhaustion occurred.

This patient presented also a *tumor of the scrotum*. It was not a cancer, nor a sarcocele, nor a hernia, nor a varicocele. It was, evidently a hydrocele. This was a pear-shaped tumor, giving fluctuation and transmitting light. The scrotum should not be laid open in hydrocele; for thereby the cavity of the tunica vaginalis would be destroyed. A large, irregular corrugated cicatrix would remain, and, lastly, cases were cured by injection. If this man survived the leg, the hydrocele might be dealt with.

Oct. 25. Medical. Ross. 1. Case, just admitted, a woman with dropsy of the feet, existing fourteen days. The lecturer said that it must have had its origin in the heart or kidneys. The pulsation of the cervical veins was noticed. By percussion it was found that the heart extended one and a half inches to the left of the nipple. The impulse was very feeble indeed. A loud, blowing murmur was heard all over the precordia; loud at apex and base, and propagated along the sternum. The murmur was heard over the carotids. The history elicited showed that she had

been troubled in her breathing for eight years. She had complained of pain in her shoulder, and of numbness in her left arm. The heart was greatly enlarged and the pulse feeble. It was not hypertrophy, but dilatation. The only medicine indicated was to be directed to the anæmia. No active diuretics or cathartics could be of any avail, for the dropsy had come on in the last stage of her disease, and would be fatal in a little time.

2. Case, of interest in diagnosis. The patient had been admitted one year ago, and was now employed as a nurse. There was great disparity between the two sides of his chest; the left was fully dilated on forced inspiration, while the right was not. There was no effusion of pleurisy, for that enlarges. The respiratory murmur, although weak, was heard all over, and was soft, and of the same quality as that on the other side. There was no cough. He had some difficulty in breathing. On examination of the heart there was found a distinct murmur at the base. Could an aneurism have been the cause? A swelling in the ascending aorta might encroach on the right bronchus. There was a whizzing sound detected over the region of the right bronchus, quite different from that heard at the base of the heart. There was no disturbance of the circulation. It could not, therefore, have been of the transverse or of the descending portions. The patient had been improving by time.

Surgical. Powell. During the last two weeks two cases of hydrocele had been lost to the clinic. They were young men from the country coming to enlist. They had been sent here to be cured, but being told soon after admission that it involved a serious operation they left.

Alluding to the case of a child run over by the street cars. Opium to relieve pain, dry heat, and any means to stop hemorrhage, were the best means to allay shock. He would not give alcoholic stimulants.

1st Case. Compound fracture of the leg. Sailor. A heavy spile struck him from behind. It was observed how all fractures of the tibia are exceedingly oblique, the lower end of the upper fragment always coming forward. Malgaigne had a machine for screwing it down. If prominent in a compound fracture, it would be better to saw it off. A suit for malpractice had been on the

Original Communications.



docket for the same thing; but it would be good practice. The opening might be enlarged, if necessary, to get the bone back; then we should close the wound carefully, and, if possible, procure a simple from a compound fracture. We should not be afraid of any redness or a little inflammation. It is nature's way of healing. We should not put cold water on, as a rule, for by it we may chill the part and prevent the healing; but a rag may be wrung dry and placed on the wound if the patient desires, for that soon gets warm. The limb should be placed in a fracture box, with sides to be let down for cleaning. No perturbing treatment whatever. Diet of anything he chooses, and opium to relieve pain.

2d Case. Street car injury, seen four days ago. Moribund. The thigh and leg gangrenous and pulseless. Not shown, but cited to illustrate the serious consequences of such injuries.

3. Case of a woman whose toe was amputated some days ago, with a good result, compared with the case of a man who had erysipelas and palmar abscess following amputation of a finger. These results depended on the condition of the patient rather than on the skill of the surgeon.

4. Case of loss of tissue of the neck, resulting from erysipelas. On admission there had been a considerable cavity dissected between the sterno mastoid muscles near their origin. The posterior surface of the base of the sternum had been uncovered. A bad cicatrix remained.

5. Case of a woman with necrosis of the extensor tendons of the hand, from erysipelas after a bite. The result would be a stiff hand, better off than on.

6. Case of acute orchitis, shown one week before; treated by a forty-grain solution of nitrate of silver, which had been applied with a camel's hair pencil, and covered with cotton. The result had been very satisfactory—immediate relief of pain and swelling. These cases, treated heretofore by strapping, would be made to test the merits of nitrate of silver, so much vaunted of late.

7. Case of abscess in the groin, ready to open; presenting all the appearance of a bubo. It is a bubo, but without a specific origin. This man was a coachman; he received a stroke from the shaft of a carriage.

Oct. 28. Pathological. Johnson. Case. Locomotor ataxia, from the outside dispensary. His gait and manner of sitting were observed. He had been taken for a drunkard a hundred times, though he never drank. He was worse at night. There was an unbinding of the organs used in locomotion. The statements of pathologists were widely different as to the changes of structure in this disease. A careful examination as to the consistence and quantity of the blood distributed, the character of the nerve cells, the conditions and relations of these, always showed some disintegration, softening, or degeneration. There was, finally, a molecular change in the muscular fibres themselves. They became wasted in volume. The articulations became loosened, and spontaneous luxation sometimes occurred. A case was cited in which both hips were thus dislocated in one night. Nutrition failed. Atrophy begun, not only for want of use, but for want of that, a supply of which, in a measure, affects nutrition. Some writers attempted to confound progressive muscular atrophy with this disease; but progressive muscular atrophy commenced in the periphery—this in the centre. Progressive muscular atrophy sometimes affected one muscle; this affected the whole system of muscles. This and that were quite different. This was *ab initio* a central disease.

Post mortem specimens. Lungs. Emphysema. Pieces passed. The first thing to be received in pathology was, that every morbid specimen was clean. The air vesicles were large. The lungs did not collapse when an opening was made in the chest. Vesicular emphysema consisted in vesicular dilatation; it might be by general dilatation, by stretching of septæ, or by dissolution of the walls and coalescence of the vesicles. The fact was, that the vesicles coalesced in multitudes, for we saw large bladders of air. It was more apt to begin in the upper and anterior portions of the lung, giving prominence to the inter-clavicular spaces, and producing the barrel-shaped chest. Sometimes there was a dilatation of the bronchial tubes, but these cases were not necessarily connected. The apices were studded with tubercle and hardened masses of cicatrices, also. How was such a case produced? The case was perfectly normal in the conjunction of these two affections. Valieux says that we almost always have some emphysema in tuberculosis. Many authorities denied it, but it was true. The

theory of Valieux was, that a tube becoming plugged, the air which is intercepted passes into a neighboring tube, resulting in too great pressure, and the breaking of walls. (Discussion of other theories. Weight of authority said to be balanced.)

Surgical. Powell. Case of a Dutchman, who, with his wife, had been run over by the cars at a railroad crossing. Admitted in bad condition, with a compound fracture of the leg. He had been a long time* poised between life and death. While waiting for a better condition to arrive before amputation, Dr. Powell had performed a little operation of conservative surgery. The ends of the bones, badly necrosed and overriding, giving rise to a large amount of suppuration, had been cut off, and an attempt had been made to press the fragments down more nearly in apposition; but they could not be kept in place, so the bones were left to themselves. Finally, the leg had been put in a starch bandage, and the man sent home. To-day he came back well as ever. Shown to illustrate what can be done by a little perseverance and conservative treatment.

Nov. 1. Medical. Ross. Case 1. Cancer of the liver. The patient having been sick almost a year came into the Hospital with a large tumor in the abdomen, and a cough of a peculiar character. It had been concluded, from the cachexia, nodular swelling, and great pain in the liver, that it was cancerous. Pain was a symptom in cancer of the liver which distinguished it from waxy liver. A few days ago he had been taken with diarrhœa, and bloody stools, followed by great diminution of the tumor. The case would prove rapidly fatal.

Case 2. Typhoid fever, taken three weeks ago, shown on account of great tympanitis. The pulse had been as high as 140, and there had been great prostration and accompanying delirium. The patient had improved under alcoholic stimulants, beef tea, and milk. There was tympanitic resonance all over the abdomen, and a good deal of tenderness in the right iliac fossa. The tympanites in this case produced pressure on the diaphragm. It sometimes oppressed the circulation. It was important to look out for this. He had taken turpentine emulsion to control diarrhœa. Cloths sprinkled with turpentine had been applied over the abdomen. Sometimes, enemas, containing a little of the oil, had been

administered. He had likewise taken 1-32 of a grain of strychnia, 2 grains of quinine, and 3 drops of nitric acid, three times daily. The tongue was still dry and fissured.

Case 3. Remittent fever. Without entire intermission, the fever was generally better at night and early morning. The treatment was very simple, the great matter being diagnosis. Sometimes great irritability of the stomach was allayed by calomel, but this symptom was caused by the fever. Give quinine in large doses, and frequently. We should not wait, but give quinine during the fever, in order to lessen, and finally to break it. If the symptoms should be modified while the fever continued, then we might treat as we would continued fever. There were a few cases that could not be cured at once with quinine; but, notwithstanding the blood was so changed, if these cases were taken in time, quinine would cure them. Palliatives, cold to the head, neutral mixture to allay irritability, and opium at night. Sometimes the stomach would not bear acid. Then we should give quinine without acid. In this case the fever was broken. Quinine needs to be continued in small quantities three times daily.

Case 4. Typho-malarial fever. Convalescent. When admitted he had presented the appearance in every particular of remittent fever. In the course of a little time there had come up every symptom of typhoid. It had commenced as malarial, and seems to have had grafted upon it typhoid. After the treatment of remittent fever, we should give the acid treatment of typhoid, in such cases.

Case 5. Acute Bright's disease. Negro. When last shown he had been convalescent, while taking a little jalap and cream of tartar and a hot air bath daily, but from some cause he had got worse. The fever became high, the skin hot and dry, urine suppressed; terminating in uremic convulsions, and coma. The drawing of thirty ounces of blood had given him complete relief. This was an instructive case. It had been impossible to administer medicine. He had been saved by bleeding. Blood-letting was the great remedy in uremic convulsions. This patient had had an active cathartic as soon as it became possible. He immediately had seemed about as usual before the relapse. Since then, hot air baths and mild laxatives had been resumed. That linen

shirt which he was wearing might have been the cause of his taking cold, though every precaution had been taken to protect him after his baths. He ought to have been dressed in flannel. He was now almost well again.

Case 6. Opium eating. A slender youth. He used to take two grains of morphia at a time four years ago, and finally twenty-five grains of opium had been required to meet his longing. At last he had tried to break off. He had been sent here from the Bridewell for malingering. He had not had any opium for four or five days. Shortly before his admission he had been taking ten grains of opium three times a day. He now took thirty grains of bromide of potassium, four times a day. He said he felt a sinking and gone sensation in his stomach when deprived of his accustomed allowance. We should be on our guard against opium or morphia in chronic disease. The use of the bromide of potassium would be continued, for that was a remedy which could be broken off with greater ease. It relieves him of his nervousness.

Case 7. Typhoid fever, complicated with broncho-pneumonia. The injected condition of the cheeks, generally present in pneumonia, observed. There was dullness on percussion over the lower portion of the right lung. No very active treatment could be had for such complications. We might, besides the treatment for typhoid, use a poultice or else oil silk and flannel. Afterward if anything is done, we might give a stimulant expectorant, as the carbonate or the muriate of ammonia. Sometimes quinine, sanguinaria, and Dover's powder—nothing depressing.

Surgical. Powell. Case 1. Re-amputation of the thigh at the hip joint. This subject was introduced to the clinic one week ago, as a case of cancerous ulceration of a stump of the thigh, about a year after amputation, for supposed necrosis of the femur, (Case 2, Oct. 2.) He had borne the former operation exceedingly well. A good result again was expected, and through it a prolongation of his life. The abdominal tourniquet was not considered at all necessary, though it had served a useful purpose. The artery might be compressed with the thumb at either the umbilical or iliac region. A great variety of operations were

mentioned. The anterior and posterior flap method was recommended as suiting best. There were objections to it, however. Celerity was no object since the introduction of anæsthetics. Last winter the operation had been performed in forty-five seconds. The subject, a small man, cachectic, aged about forty, was given a few swallows of whisky and the operation was commenced. Chloroform was administered by the house physician and his assistant. Dr. C. T. Parkes controlled the circulation by digital compression of the aorta. Dr. Ben. C. Miller took the stump. There was no trepidation or haste; deliberately but surely the different steps of this trying operation were taken. The shock and exsanguination were profound. Reaction took place, and recovery began.

Nov. 4. Pathological. Johnson. Specimen of malignant disease of the liver. Weight of the liver, 12 lbs., 10 oz. Sometimes nodules were felt beneath the ribs; not always. Here they were perceptible by taking hold of the border of the liver and pinching it. There had been œdema of the lower extremities, but no ascites. The hepatic vessels had been probably unimpeded. When cut into, the liver had a yellowish appearance. It required the microscope to make out the nature of these changes. It looked like a fatty liver. Some spots had decidedly the appearance of cirrhosis. Microscopic examination of the juices, scraped from a cut surface, discovered an abundance of those forms peculiar to cancerous growth. What constituted a cancer cell? 1. A cancer cell was a large cell, relatively, 1-2000 to 1-500 of an inch in diameter. It had no peculiar form, it was spheroid, ovoid, caudate, stellate, fusiform. 2. It has one or more nuclei, relatively large also. Epithelial cells had small nuclei. A perfectly formed cell was rarely to be met with. 3. A nucleolus. All highly refractive. Granular matter was always formed in the cell, in the nucleus and around the nucleolus. The microscope was not always available. In certain forms of cancerous tumors a large cell could not be found. In such cases the clinical history of cancer must be obtained. In the specimen considered there were free nuclei in excess. Nuclei and nucleoli were subject to great diversity in size. The presence of these free nuclei in excess, with the clinical history, furnished infallible evidence of cancer. Clinical

history had to be taken into consideration in other cases, studied very satisfactorily by means of physical exploration. The microscope furnished just the kind of evidence that the stethoscope and pleximeter did. It might decide operations. If the physical signs in diagnosis are not neglected, neither should the revelations of this invaluable instrument be ignored.

Specimens. 1. Aneurism of the ascending arch of the aorta. Death, one year ago, caused by rupture into the œsophagus. The stomach was full of blood at the autopsy, and the patient had vomited three pints just before expiring. This tumor had compressed the left bronchus, so that the respiratory murmur was absent except in forced respiration. Pressure on the œsophagus made deglutition difficult, but he could swallow solids better than liquids,—a somewhat unusual fact. Rupture into the œsophagus occurred in seven per cent. of such cases of aneurism. The well preserved wall showed the characteristic laminæ of fibrine. The true cardiac sounds had been transmitted through the sack as through a stethoscope.

2. Dilatation of the arch of the aorta, a great constriction existing further on at a point where there had been atheromatous degeneration. The constriction was now the seat of calcification. This was a dilatation and constriction, not an aneurism. The semilunar valves of the left side were roughened and thickened by the same degeneration. As the blood passed, there had been aortic regurgitation and a direct or obstructed aortic murmur, heard down to the fourth lumbar vertebra. These murmurs were sometimes heard at a very great distance.

Surgical. Powell. The man on whom the class saw him perform the operation of amputation at the hip joint four days ago, was in a favorable condition to-day. Pulse about 80; discharge favorable. The surfaces exposed by the operation had been touched with carbolic acid. Two things had followed: little discharge and little pain, for carbolic acid was a local anesthetic, as all who had spilled it on their fingers knew. The patient was kept quiet; light diet, as much beef tea as he could take, and a bottle of wine at his side from which he drank as he was inclined. The man was exceedingly cheerful and happy.

Case 1. From the Dispensary. A young man who began,

four years ago to notice pain in his right side at night, a burning pain across the lower part of the bowels, and frequent micturition at night, "six or seven times inside of a minute." Since then he had had gonorrhœa. He said he had been sun-struck two years ago. He had lost flesh, had had pain in his head, back, and limbs. The symptoms were chiefly referable to the genito-urinary organs. Such cases must be examined very carefully. We should run over in our mind what it might be, cystitis, calculus, prostatitis. Prostatitis hardly ever occurred in a young person. Examine the urine; sound and discover the seat of pain. Speaking of the difficulty of detecting stone at all times, he cited the case of a gentleman from Minnesota; his brother, who was a physician, had accompanied him to Philadelphia, consulting the most eminent surgeons there. Thorough search for supposed calculus had been made by them all. No satisfaction had been obtained. He had received their written opinion to the effect that no calculus existed. He had been examined here likewise, afterward. It was an extremely aggravated case. Dr. Powell had been convinced that he detected a stone enfolded in mucous membrane upon the anterior surface of the bladder. An operation had proved it. He had removed a very large calculus from that situation. The man had been cured and sent on his way rejoicing. The case was cited here, to illustrate one of the difficulties of diagnosis. As to the case before us, if it were cystitis there would be great pain. We should be careful in the use of the sound, using no force. It had been thrust through the walls of the bladder. A little finesse and an acquaintance with the anatomy of the part were required. There might be a stricture and cystitis in consequence—here the sound was introduced—once in the bladder it produced no pain, but the patient complained bitterly when the point of the instrument arrived at the neck. No stone was found. Soreness at the neck of the bladder the only thing of which information was gained. The patient would be admitted to the Hospital, and the case would be deferred for further examination. Treatment: warm hip baths, and a sound passed and allowed to remain fifteen minutes each day.

Case 2. Ingrowing nail. A lad who had been wearing a tight boot. These cases were troublesome and painful. If the

nail should be cut, the deformity would be made worse by it. A large number got well by letting alone, the nail finally riding up out of its place in the flesh. Operation: Chloroform; a portion of the nail extirpated with knife and scissors.

Case 3. Result after amputation of the leg. Would some one of the class tell whether this was a circular or a flap amputation? (Answers did not agree.) It was a circular. Flap amputations were longer in getting well; suppuration was greater, and there was more danger of septæmia. The fault with this had been, a little too short a flap of integument and obliquity of the cut surface of the bone. Still it only needed a little time to result in a fine stump.

Case 4. Swelling in the groin, large, almost diffuse, some little evidence of suppuration. The patient had not had syphilis. As a rule, the statements of persons of this kind may be taken, for, if they have had syphilis, they do not hesitate to acknowledge it.

Case 5. Brought in, both walking and looking like a drunken man, but he was not intoxicated. His horse had run away with him that day. When picked up he had vomited quite a quantity of blood; he had vomited, too, as he came in. He was laboring under some serious injury. Any lesion of the head, a slight scratch, might be followed by grave symptoms. A case had lately occurred at the Rolling Mills, in which paralysis, coma, and death supervened ten days after a slight injury to the head. But there had been cerebritis all that time. This man would be allowed time for reaction, and would be shown hereafter.

Case 6. Of palmar abscess or felon. A young woman. The only safety was in making a free, early incision. If only little punctures were had, there would be burroughing instead of escape of pus.

ARTICLE VIII.—*Satan in Society.* By a Physician. (First American Edition, and we hope the last.) By VOLTA REEKE.

It is with some pain, and loathing too, that we finish a hasty perusal of this work, handed us a few days ago by a friend. Pain, because we have much faith in the inborn purity and goodness of human nature; loathing, that a man should exist, and he a physician, to produce such a mixture of falsehood, illogical trash, and bawdy nonsense, and then have the assurance to declare that he hopes and desires it may be read by all classes of the community—male and female, young and old—as an almost specific cure for the evil ways they are pursuing, and for the vices they have acquired. It is on a par with several books of like character, written in the last few years, under the cover of scientific authority, insidious, untruthful, with clap-trap titles, and made for sale. It is not one whit more decent than the *Police Gazette*, and other low pictorials of the phosphorescent style, and stealing into the family circle under such disguise, does more to corrupt and degrade, and turn the thoughts of the growing generation into impure channels, than all other causes or associations put together. He quotes the misogynists, the misanthropists, the *debauchees*—Balzac, Michelët, Tissot, Legouvé, and others—of the French school, to sustain him in the many peculiar opinions advanced; yet despite such philosophical aids—and many of them not used in their proper connections—we cannot see one position legitimately tenable, not one argument spun to a perfectly logical conclusion, as his premises are false to build on, are opposed to the observation and experience of many learned men, and hence, end in the *reductio ad absurdum*.

We speak particularly here of the first six chapters; the remainder of the work is compiled from the best authorities, well written, and unfortunately gives an air of respectability to the whole. There pervades, throughout, a vein of christian sentiment, which is one-half bigotry and one-half cant, throwing a very strong doubt over the author's sincerity, and leading one irresistibly to the conclusion, that money is the sole object, and not the welfare of society.

It is unquestionably an evidence of caution, and sense too, that our author resisted so manfully the solicitations of his many ad-

mirers and friends to publish his name in connection; for we agree with him that, if the public has any self-respect or decency left, it might render a verdict which would seriously interfere with the harmonious relations of his extensive *clientelle*, and endanger, to the extent of many dollars, his future welfare and happiness.

The first point that struck our attention was his quotation from Legouv  , and on the next page from Balzac, where they discuss the wedding night, and all assume that the precipitate consummation of marriage is a *rape*, and that instead of love and reverence following, only hatred and disgust is engendered. To sustain such a position for a moment, we must of course pre-suppose every woman a timid, ignorant fool, and every man a brute of the worst stripe, who rushes to the attack like an aggressive stallion, utterly regardless of the feelings of her, whom in love and honor, he has just taken for weal or woe, and without any of those marital endearments necessary to soothe, and gain consent. This is to take entirely a too brutal view of the question, and is not true in fact. Of the various causes producing estrangement among married people in after life, this is assuredly the least frequent. And the "skeleton in the closet" does not wag his grinning jaws, nor shake his clanking bones, because the husband worships prematurely or too often at the shrine of Venus, but rather the converse holds good. Legouv   and Balzac, are very Frenchy, and speak more from a false morbid philosophy, than from the actual experiences of life, and when the latter lays it down as an axiom that, "the husband who begins with his wife by a *rape* is a lost man: he will never be loved;" and our author groans out plaintively: "Alas! what else is the ordinary consummation of marriage, but a legalized rape?" we can only exclaim, Shade of Priapus! howl out your dissent to these madmen and pretenders, and tell them that rapes are uncommon and unfashionable now-a-days, and never occur except when extortion or blackmailing is the object. Approach, and ask in fitting terms any married woman—and we mean woman in its truest and most acceptable sense—she will laugh at such an absurdity; and will tell you, moreover, that such precipitation is not only expected, but allowable, and that she who expects otherwise is a rare exception. We know that brutes exist, capable of committing almost any atrocity, and likewise capable of a *rape* on their own or others' wives, but they are not the gen-

eral rule, as our author holds, being few and far between. And in connection with this subject, let us advert to his remarks on the nuptial chamber, in his admonition to husbands. Here again, his advice to that individual upon crossing the sacred threshold, gives one the impression that his experience—and to read his cases, it is really the fact—of married men proves them all lecherous satyrs, who no sooner know their brides abed, than with a whisk of their tails (coat) they enter, barricade the doors, hardly stop to take off their breeches, and furiously attacking their shrinking victims—who of course are not aware that *men* differ physically—soon turn the fair nuptial chamber into a slaughter-pen, tearing, bruising, mutilating without mercy, and only ceasing through exhaustion or satiety. We have very little to reply to such nonsense, except to assure our author that most married men find room enough to prevent all this mutilation, and all recognize the fact that the tissues to be forced are very elastic, and will stretch a yard before they will tear an inch. Should much soreness be left, a dash or two of cold water, and several ounces of Goulard's Extract will complete the job. He speaks in fitting terms of those "diabolical inventions," and of every artificial way of preventing conception, but invalidates his whole argument, and casts doubt upon his sincerity, when, a few pages further on, he tells all who do not wish children, of fourteen days grace between the menstrual flows, when they are exempt from danger, and when they can peg away like guinea-pigs, *ad nauseam*; at the same time he exclaims, if this interval is not sufficient, "*where the necessity exists*, the man is a beast and should be resisted at all hazards." Before discussing this further, we will introduce an anecdote to illustrate his position: Two planters were returning by the river to their respective plantations, the one accompanied by a fine looking, athletic body servant, whom the other noticing, requested to be left on his place for a few weeks, as he much desired some of his stock. The owner being agreeable, called up Jack, and submitted the proposition, to which Jack replied, scratching his head reflectively: "Well now you see, Massa, I'se willin', den dey don't call upon me more dan eight, ten, or twelve times in de night; but, if dey wants me more dan dat, an' wants me to make a *beast* of myself, I can't do it, no how." Jack was right, and would not be made a beast of, and our author is right in counseling resistance "at all hazards" to the

husband who would make a beast of himself. But, to digress no further, we shall view this question in a still more ultra light. Firstly, that the conjunction of the sexes is a wise ordinance of the Almighty, to perpetuate the human race, and the mere physical pleasure is subordinate, and in no way to be taken into consideration. Secondly, that any measure, artificial or otherwise, (whether by "diabolical inventions," or by advantage of the fourteen days season) to prevent conception, is both sinful and criminal; and, Thirdly, if children are desired, go ahead and beget them—herein lies no sin—but if otherwise, there must be absolute and unconditional continence, and if this can be secured in no other way, castration must be resorted to.

We think our argument is far the soundest, and not only allows of no deviation from the straight and narrow path, which every christian should follow, but brings itself to a strict logical conclusion. Though no churchman, which our author evidently claims to be, we do not hesitate to urge him to adopt our view in his next edition, as it is fast becoming necessary to regenerate the world in this respect, and that the conjunction of the sexes, without a proper natural compensation, must be "resisted at all hazards."

As to abortions, miscarriages, etc., no one could look upon them with more horror than ourselves, but when the author, taking the ultra church doctrine, declares that they are never permissible, we know him to be insincere, or a bigot. Because a man's judgment may be faulty, and mistakes sometimes made, must no interference take place, and mother and child both be sacrificed? My good sir, you know that there is no better established axiom in midwifery, than "that the child should be sacrificed to the mother," an axiom established by the observation, experience, and humanity of the most learned men many years back, and endorsed by the good sense of every one, who takes a proper view of the comparative worth of both lives; and it does not alter this fact a particle, because incompetent men creep into the profession, and sacrifice lives, that could be saved by the better educated; it simply warns us of the great responsibility placed upon our shoulders, and that it is our duty to study, and reflect, and counsel, to fill conscientiously the vocation to which we have been called. This reasoning is similar to the withholding of anæsthetics from lying-in women, simply because God had declared they should bear

children in great pain; and might be equally applied to the practice of every medical man, since illness descends to us "as the sins of our fathers," or comes to us from the obvious infraction of moral or physical laws.

The author dwells learnedly upon the education and training of boys and girls, and though we agree with him as to the many defects in our present system, yet, it is only the out-cropping of our system of civilization (?), and until parents will cease allowing their children to be men and women before they lose their bread-and-butter odor, or get fairly dry behind the ears, there seems to be no help for it. Christianity takes very little part in their education; and so long as ministers of the gospel are engaged in every other pursuit than preaching the truths of the Bible, and the precepts of the Saviour; and so long, too, as physicians, afraid to lose the almighty dollar, lack sufficient moral courage to enlighten and guide, just so long must these evils last and increase. Yet despite all these drawbacks, the author's sweeping assertions and wholesale denunciations of boarding schools are exaggerated and unjust. The vast majority of boys and girls, whether they go to said places or not, acquire a certain amount of wickedness, and many are guilty of self-abuse, and continue it more or less until the development of their reasoning faculties teaches them its immorality, and the future danger and disgrace accruing from its continuance; but we believe that very few retain the habit after reaching mature life, and the percentage becomes still smaller after marriage. That he can point out the onanists of any school, is absurd, for the persons guilty of such an excess as to exhibit unequivocal objective signs are truly *rara aves*, and all of those fearful evidences of mental wreck and physical decay so feelingly depicted, are seldom encountered by those who make special study of diseases of the sexual system. Every case he quotes, and every one he introduces from his own case book (one among many hundreds, he says,) are very extreme; and out of a large practice of seventeen years in hospitals, etc., under, and in company with the most learned men, and with a special attention given to such branches, we have seen but three or four examples, and none so extreme as our author's. We therefore dismiss this part of the subject, having given it more attention than it deserves.

And now as to "conjugal onanism" we desire to say a few

words. He appears to mean by this term the incomplete performance of the marital act, no matter by what means accomplished, and very properly censures any such short-comings, but the grounds upon which he reprehends the perpetrators, are the physical injury to both parties; the diseases which it engenders; the unsatisfactory state of the woman after being stirred up, etc., etc. That it is a very unsatisfactory proceeding to both sides there is no question; and that "withdrawals" should be at a discount, is equally granted; but that cancer of the womb is generally occasioned by its congestion, not being relieved or washed out by the specific influence of the spermatic fluid, and that so many inflammatory conditions, not only of the womb, but its associated organs, should be occasioned likewise, the facts of physiology, and the etiology of the various pathological lesions, absolutely deny. It is now generally conceded, that excesses in sexual enjoyments are creative of the greater amount of inflammatory disorders, as much from the actual physical contact as from the nervous excitation. And that abortions are produced by the same causes, is also true; but that incomplete acts are more injurious than complete ones, we no more believe than that universal masturbation produces such terrible sequences among the community, or is carried to such frightful lengths, otherwise our hospitals, asylums and mad-houses would have insufficient accommodations for their numerous victims.

His doctrine of acquired resemblances between parents, he claims to be original, and holds these resemblances to be occasioned by the impregnation of the mother's blood at each successive pregnancy, by the father's, through the fœtus. This opinion is rather far-fetched and transcendental, for we had supposed that the fœtal blood was elaborated by the blood-making organs of the child itself, and simply received its purification from the maternal placenta; at the same time might transmit and receive, through mysterious nervous influences, some of those qualities and susceptibilities which it had obtained from the impregnating fluid. People who live together in perfect accord, and whose thoughts and desires often run in similar channels—who, in fact, get in perfect *rapport* with one another, very often acquire resemblances, not only physically, but mentally, even if not married; and this will

in all probability account for these changes as plausibly as the blood-impregnation theory. The remainder of the work is well compiled, contains many good suggestions, and relieves in a measure the filthiness and absurdity of its foregoing portion; but, at the same time, we cannot help protesting that such literature should be published and circulated among the community. It is certain that the young man or woman that reads this work, will not only discredit much that is advanced, for their limited knowledge tells them differently, but it will excite a prurient curiosity to know more, and soon books of a still viler stamp will be devoured to their utter ruin and destruction.

For some time while reading, we were at an utter loss to discover to what particular sect or branch of medicine our author belonged; but the ear-marks of his vocation soon became apparent as we proceeded. And when we read through the case of the "Conjugal Hero," and the foot note explaining the philosophy of his wife's disease, we knew no physician educated in scientific medicine could have so jumbled up his pathology, and simply placed so many lesions of such important organs, and so many of them too, to the account of general or systemic irritation.

Besides, he went back on his own, by modestly disclaiming any cure in the case. When men for a succession of years treat symptoms as so many separate entities, they soon forget their pathological knowledge, if they ever had any, for there is not the least use for it; and hence are rarely honest enough to dis-acknowledge a cure in every case, even where diseases are self-limited, and get well by the *vis recuperandi naturæ*.

The dedication of this work is rather amusing, and that our readers may have the idea, we give it *in toto*, with some little change of our own:

To
Hon. William Sprague,
Ex-Governor of, and United States Senator
From, Rhode Island,
This book is dedicated.
Not to the Statesman (Ha! Ha!), the Politician (Ho, Ho!),
Nor the Millionaire ([?] Bosh!)
Nor even to the friend of former years;
But
To the Man (Bah!)
Who does prefer Gin and Sugar to Popularity.
——— Un dessein si'funeste,
S'el n'est pos digne d' Atree, est digne de Thy este,
(Orebillon.)

Selection, and Comments.

Opium in Metro-Peritonitis. By THEODORE GRIFFIN, M.D.,
529 State street, Chicago.

Appreciating the fact that it is only by recording and giving to our brethren the results of carefully-observed experience in the treatment of disease, that true and reliable progress is made in therapeutics, I offer for consideration my record of the following case of metro-peritonitis, treated with opium.

I present it briefly and without comment, as a link added to the chain of evidence in favor of the use of opium in this fearful disease. I was led to the employment of large doses by the plain indications to be fulfilled, which I know the physiological effect of opium would meet, bearing in mind this fact, which I think should become an axiom: *if indications are scrupulously met in treatment, no drug poisoning, with its disagreeable and dangerous perturbations, will occur, howsoever large the dose of the drug may be.* It is a lamentable fact that indications are often *more than met*, as occurred at the close of this case through the ignorance of the nurse. * * *

On the 16th day of June, 1870, I attended Mrs. — in labor. She says that after previous labors, numerous clots of blood were always expelled from the uterus; after this labor, none were expelled.

On the 17th, she complained of severe pain over the region of the uterus, especially upon the right side, describing it as sharp and lancinating. She had, on this day, a severe chill; her tongue was covered with a white fur; her bowels were constipated; her pulse 90, and bounding. She had, also, headache and aching of the limbs. These symptoms, however, yielded to a little mild treatment, and on the evening of 19th, she felt, as she expressed it, and as her symptoms indicated,—“quite well.”

On the morning of the 20th, at 3 A.M., more lancinating pains began in the uterus and over the abdominal region, accompanied by all the initial symptoms of metro-peritonitis. I immediately directed that she have *one gr. of opium every hour.* The pain continued unabated until 9 o'clock P.M. At this time her appearance indicated great suffering; her nervous system was disturbed and agitated; her tongue coated with a dirty black coat; there was nausea and vomiting, with fetid and dark-colored discharges from the bowels; the slightest touch or motion produced the most intense pain; the abdomen was distended to its size immediately previous to confinement; her pulse was 110. I now gave *three grs. of opium* at one dose, and ordered *one gr. to be given every half-hour.* At 8 o'clock A.M. (21st) her pulse was 94, her tongue was still black, but somewhat improved; no more vomiting nor fecal discharges since my last visit; the pain was yet severe. I now gave *four grs. of opium at one dose*, and ordered *two grs. of opium to be given every half-hour.* At 11½ o'clock A.M., her pulse was 100; the pain was

still unabated; no signs of opium poisoning. She has passed no urine since 12 o'clock last night; the mammary secretion was now gone, and pus discharged continuously from the vagina. I ordered *five grs. of opium to be given every hour.*

At 4½ o'clock P. M., (21st), nervous symptoms were better, she had less pain and rested comparatively easy; some subsultus tendinum. I now directed *three grs. of opium to be given every half-hour*, and drew her urine with the catheter. At 10 o'clock P. M. she rested well, there was now no subsultus; she had now some inclination to sleep; her pupils were natural and her pulse 100; continued the opium, three grs. every half-hour. At 11 o'clock P. M. she slept for the first time since her illness began; at this time I left her for the night, directing the nurse to discontinue the opium if she awoke without pain, and with an inclination to sleep. At 2 o'clock A. M., (22nd), she awoke, bright, intelligent, and free from pain, and, as she told the nurse, *feeling well*. The nurse, however, continued the opium as before, *three grs. every half-hour*. At 5 o'clock A. M. I was called to her in great haste, and found her narcotized, breathing stertorously with contracted pupils; these alarming symptoms, resulting from the *indications being more than met*, quickly disappeared with appropriate treatment. She soon became conscious, convalescence being established from that moment. There remained some tenderness on pressure over the region of the uterus, but the distention of the abdomen had entirely disappeared with all the symptoms pertaining to the digestive and nervous systems; her pulse was natural, and her restoration to perfect health was rapidly completed.

* * * * *

The amount of opium given is presented in the following summary:

From 3 o'clock A. M., 20th, to 9 P. M., 18 hours, 18 grs.; from 9 o'clock P. M., 20th, to 8 o'clock A. M., 21st, 11 hours, 23 grs.; from 8 o'clock A. M., 21st, to 11½ A. M., 3½ hours, 18 grs.; from 11½ o'clock A. M., 21st, to 4½ o'clock P. M., 5 hours, 25 grs.; from 4½ o'clock P. M., 21st, to 10 o'clock, P. M., 5½ hours, 33 grs.; from 10 o'clock P. M., to 11 o'clock P. M., 1 hour, 6 grs. Total—44 hours, 123 grains.

At 2 o'clock A. M., 22nd, 6 grs. The last 6 grains produced the narcotism.

No other drug than opium was administered during the entire course of the disease.

We transfer the above communication to the columns of the JOURNAL *verbatim*, with the intent to direct professional attention to a certain reckless style of journalism, too much in vogue with those having the editorial control of medical periodicals, which permits the publication of articles calculated to mislead the unwary, and possibly to occasion disastrous results. Editors of medical journals may officially disclaim all responsibility for the character of communications published in their columns, and yet can never

escape the consequences of a certain degree of reflected authority which their admission confers. [We have ourselves suffered from this *reflex* hypothesis. A.] Published as an illustration of the degree to which the human system can be educated into the frightful habit of opium-eating, its propriety would be questionable, in view of the rapid spread of this baneful practice, but when given to the professional world as an example of the employment of the drug in legitimate therapeutics, with even the remote possibility of finding an imitator, it should not be permitted to pass by without a recorded protest.

Its prefatory paragraph permits the inference, that its author presents the above as an example of *carefully observed* experience in the treatment of disease—an example which we trust will find but few, if any, imitators. The careful observation in the case being limited to the detail of a few of the more obvious symptoms, couched in language so vague and indefinite as to have little or no value for the purpose of comparison and analysis.

In the next paragraph we are told that the writer "was led to the employment of large doses (of opium) by the plain indications to be fulfilled"; and he then presents an array of symptoms, such as, "bowels constipated," "pulse go and bounding," etc., which, according to the teachings of modern physiology, directly contraindicate its use.

In regard to the italicized passage in the second paragraph, which the writer thinks should become an axiom, it may be said, that axioms, being self-evident propositions, are such essentially, and cannot become such; and moreover, that this proposed axiom involves both a verbal and a therapeutic paradox, the second and third terms each containing a possible contradiction of the first.

That it is a lamentable fact, that "*indications are often more than met,*" "'Tis true 'tis pity, and pity 'tis 'tis true'!"

In the next paragraph are detailed "symptoms which yielded to a little mild treatment," whether embracing heroic doses of opium we are not informed, but sufficiently efficacious to remove all the symptoms in forty-eight hours; which (symptoms), after the relapse on the following day, were not even slightly ameliorated by eighteen grains of opium in as many hours. The result of this experiment, we should suppose, would have been sufficient to shake the faith of Coleridge or De Quincey; but although the

patient was evidently much worse, and her "*nervous system much disturbed and agitated*," the dose was rather more than doubled. And again, after the administration of 23 grains in 11 hours, and a considerable improvement in the patient's condition, this last dose was nearly tripled, viz., 18 grains in $3\frac{1}{2}$ hours; and still again, at 11 $\frac{1}{2}$ A. M., there being "no signs of opium poisoning,"(?) although no urine had been passed for 11 $\frac{1}{2}$ hours! and "the mammary secretion was gone"! 25 grains were given within five hours! After which, although the "nervous symptoms were better," "with some subsultus tendinum"! the dose was again increased to 3 grains every half hour, 33 grains in $5\frac{1}{2}$ hours, and the urine was drawn with a catheter, after an interval of repose, for that function, of 16 hours; still the opium is pushed with unremitting assiduity, and in the next hour 6 grains are given, making a grand total of 123 grains in 44 hours.

Now mark the change in the tolerance of the drug by the patient: at 2 A. M., 3 grains every half hour were given, until 6 grains had been taken, which "*last six grains produced the narcotism, the indications being more than met*"! It would seem so indeed, and how outrageous the conduct of a nurse, who should administer a quantity, in excess of her instructions, equal to 4.88 per cent.

Here is presented a persistent, though hardly consistent, faith in the efficacy of a drug, for throughout all the fluctuations of the case, the remedy is applied in increasing doses. Was she better? more opium! Was she unchanged? more opium!! Was she worse? still more opium!!!

The analysis of the case suggests the following subjects of inquiry:

1. The propriety of administering a cardiac stimulant and arterial sedative, when the reciprocating equilibrium between these two portions of the circulatory system was already disturbed by the increased activity of the heart.

2. The total failure of the opium to produce any of its constitutional reactions, aside from "disturbance and agitation of the nervous system," "subsultus tendinum," and arrest of the renal and "mammary secretions," which the author evidently excludes from that category.

3. The persistence in the administration of a drug which had

so entirely failed, not only to meet the indications, but even to manifest any of its usual effects.

To the first, we must offer our protest in the name of physiology, whose laws it violates.

Of the second, there are several possible explanations.

1st. That the medicine was not taken, which, of course is inadmissible, as it involves the good faith of the physician, or nurse, although the latter is not above suspicion—witness the six grains in excess of orders.

2d. That the drug was worthless, which impugning the integrity of the druggist must be rejected.

3d. That the medicine was pure, and was taken, but was passed unchanged through the intestinal canal, and deposited in the close stool, which has happened before. And—

4th (which we believe to be the true solution of the mystery), The woman was an opium-eater already!

Should this be true, a statement to that effect would have been valuable in elucidating a very "strange story."

Apropos of the third subject of inquiry, we can only suggest for its solution, faith, which, although it may remove mountains, will scarcely contract dilated arteries, arrest subsultus tendinum, or restore functional energy to the kidneys or mammæ, even with the aid of more opium!

We expect soon to hear of administering Hydrocyanic Acid in fifteen drop doses.

W. H.

Dr. Guyot gives from 30 to 60 grains of phosphate of lime in profuse perspiration, and especially in night sweats incident upon phthisis pulmonalis. He mixes the phosphate with loaf sugar, and requires the patient to take a pinch of the powder frequently through the day.—*Revue Therapeutique.*

Editor's Book Table.

[NOTE.—All works reviewed in the columns of the CHICAGO MEDICAL JOURNAL may be found in the extensive stock of W. B. KEEN & COOKE, whose catalogue of Medical Books will be sent to any address upon request.]

Lectures upon Diseases of the Rectum. Delivered at the Bellevue Hospital Medical College, Session 1869-70, by W. H. VAN BUREN, A.M., M.D., etc., etc. New York: D. Appleton & Co. 1870. Pp. 164.

This little volume is composed of eight lectures, which the author tells us "have been written out for publication in deference to the wishes of a number of, perhaps, too partial friends."

Dr. Van Buren's large experience in this class of diseases enables him to speak authoritatively; and we have perused the present work with interest. But we confess to surprise that Prof. Van Buren should have suffered himself to fall into an anatomical error by following too closely upon traditional pathology. The poor old liver has ever been a sort of scape-goat, general to all classes of physicians; and surgeons have always attributed to obstructed portal circulation too large an influence in the production of piles. Following in this lead, our author not only recognizes this obstruction as a cause of hæmorrhoids, but attempts to account for it by a piece of erroneous anatomy. He says:

"There is a net-work of good-sized veins surrounding the lower end of the rectum for an inch or two, in the rather abundant connective tissue between its mucous membrane and the layer of circular muscular fibres surrounding it, which is known as the 'hæmorrhoidal plexus.' *These empty into the inferior mesenteric vein,*" etc.

We have italicised the last sentence because it contains the error to which we have alluded. The hæmorrhoidal veins are three in number, and one of them only—the superior—flows into the mesenteric. The other two—the middle and inferior—empty into the internal iliac. Consequently, obstructed portal circulation cannot exert so potent an influence in producing piles as it would were Prof. Van Buren's account of the anatomy of the veins correct. With two-thirds of the flow through an unobstructed outlet,

and that two-thirds proceeding directly from that portion of the hæmorrhoidal plexus which is the seat of piles, both external and internal, obstruction of the other third cannot exert so great an influence as Prof. Van Buren, in common with most authors and teachers, attributes to it. It is only another instance of the influence of tradition upon our teaching and practice.

With this single exception, we can speak of the book in terms of unqualified praise; and as this exception does not necessarily involve a great variation in practice, it is of consequence only as an actual error which should be avoided. We recommend the book to general practitioners, for we are confident they will find hints which they may follow to advantage, and which will enable them to manage diseases of the rectum with more satisfaction than sometimes attends their practice.

BOOKS RECEIVED.

General Surgical Pathology and Therapeutics, in Fifty Lectures. A Text Book for Students and Physicians. By DR. THEODOR BILLROTH, Professor of Surgery in Vienna. Translated from the Fourth German Edition, with the special permission of the author, by Charles E. Hackley, A.M., M.D., Surgeon to the New York Eye and Ear Infirmary, etc. New York: D. Appleton & Co., 90, 92 and 94 Grand street. 1871. Pp. 676.

On Diseases of the Spine and Nerves. By CHARLES BLAND RADCLIFFE, M.D., F. R. C. P., Lond., etc.; JOHN NETTEN RADCLIFFE, Medical Sup't Hospital, etc.; J. Warburton BEGGIE, M.D., F. R. C. P., Edin., etc.; FRANCIS EDMUND AINSTIE, M.D., F. R. C. P., etc., etc.; and JOHN RUSSELL REYNOLDS, M.D., F. R. S., etc., etc. Philadelphia: Henry C. Lea. 1871. Pp. 196.

On the Wasting Diseases of Infants and Children. By EUSTACE SMITH, M.D., Lond., M. R. C. P., etc., etc. Second American, from the Second Revised and Enlarged English Edition. Philadelphia: Henry C. Lea. 1871. Pp. 266.

Body and Mind: An Inquiry into their Connection and Mutual Influence, Specially in Reference to Mental Disorders; being the Gulstonian Lectures for 1870, delivered before the Royal College of Physicians; with an Appendix. By HENRY MAUDSLEY, M.D., Lond., etc., etc. New York: D. Appleton & Co. 1871. Pp. 155.

Bartholow on Spermatorrhœa. New Edition.

Satan in Society. By a Physician.

"Here are a few of the unpleasant'st words
That ever blotted paper," *Shakspeare.*

Cincinnati and New York: C. F. Vent. Chicago: J. S. Goodman & Co. 1871. Pp. 412.

[This book is noticed by a well known correspondent of the JOURNAL, in terms which, in the main, so fully accord with our own views, that we publish his article (p. 108) in preference to one we had partially prepared. The book may gain something of notoriety by the space allotted to it, but the class it represents is getting so unblushing in its effrontery, that we had rather let our correspondent rebuke it in the mild terms he has chosen, than to employ the harsher adjectives we had ourselves selected. It is the culminating atrocity of the press.]

Circular No. 3. Approved Plans and Specifications for Post Hospitals.

Circular No. 4. Report on Barracks and Hospitals, with Descriptions of Military Posts. War Department, U. S. A., Surgeon General's Office, Washington, Nov. 23d and Dec. 5, 1870.

Circular No. 4 is a quarto volume of 494 pages, giving a full account, with detailed descriptions, plats, diagrams, etc., of all the Government Barracks and Hospitals.

Circular No. 3 is in the same form, but gives only about two pages of description and five lithographic plans of hospitals, ventilating arrangements, etc. The two constitute a portly volume, from which we shall hereafter draw largely in our efforts to secure "modern improvements" in the hospitals hereafter to be constructed, wherever the JOURNAL finds readers. It may astonish some of our readers to find out that there has recently been constructed in this city one of the old-time castellated palaces of *ochlesis*, putrescence and death, and this under the very droppings of the Medical Reform School. Yet others of the same antediluvian type are in contemplation.

We were about to say that it would be better for the unfortunate sick to be exposed as in olden time upon the waysides, or given a *clean* air out upon the open prairie.

Thanks to Surgeon General Barnes and his corps of earnest assistants, the Government for once is far in advance of the people, and even of a large number of the fossils of the profession.

PAMPHLETS RECEIVED.

Histological Contribution. By H. G. PIFFORD, M.D., Surgeon to New York Dispensary for Diseases of the Skin.

Blood-letting as a Therapeutic Resource in Obstetric Medicine. By FORDYCE BARKER, M.D., etc., etc.

The New York Observer Year Book and Almanac for 1871. Sidney E. Morse, Jr. & Co., 37 Park Row, New York City.

A bulky octavo of 200 pages, price \$1, but given gratuitously to all advance paying subscribers of that time-honored and excellent religious paper, the *New York Observer*. It contains a vast amount of statistical and current information, and reprints entire the first Directory of New York, published in 1786.

Scribner's Monthly. An Illustrated Magazine for the People. Conducted by J. G. Holland (Jan., 1871): published by Scribner & Co., New York. \$3.00 a year.

The Young Pilot. An Original Monthly Magazine for young people in their teens. Jan., 1871. \$1.00 per annum. Chicago: The Young Pilot Publishing Co.

The Relations of the Medical Profession to Modern Education. By EDWARD S. DUNSTER, M.D. New York: D. Appleton & Company.

Transactions of the Twentieth Anniversary of the Illinois State Medical Society, held in Dixon, May 17, 18, 1870. Robert Fergus' Sons, Printers. Pp. 141.

Syphilis of the Nervous System. A Clinical Study, chiefly in regard to Diagnosis and Treatment. Founded on the cases of Prof. Wm. H. Van Buren, M.D., and those of the author. By E. L. KEYES, M.D., etc. New York: D. Appleton & Co. Pp. 44.

Retention of Urine Depending on Stricture. By ALEXANDER W. STEIN, M.D., etc., etc. Pp. 16.

Sixth Annual Report of the Illinois Institution for the Education of Feeble Minded Children, located at Jacksonville, to the Governor of Illinois. Dec. 1870. "Comfort the feeble-minded." Pp. 52.

Quarterly Summary of the Transactions of the College of Physicians and Surgeons of Philadelphia, from Oct. 6th, 1869, to May 18th, 1870, inclusive.

Proceedings of the Convention for the Reorganization of the Medical Society of the State of California, and of the first Annual Meeting, etc., etc. Incorporated Nov. 1, 1870. Pp. 41.

Annual Report of the Board of Trustees of the Hospital for the Insane of the State of Wisconsin. Sept. 30, 1870. Pp. 100. From the Superintendent.

Editorial.

Illustrations of Quackery.

TO THE EDITORS OF THE CHICAGO MEDICAL JOURNAL:

Gentlemen—I enclose an advertisement of the "Chicago Medical and Surgical Institute" from the *Western Home*, a periodical published in your city, in which R. A. Gunn, M.D., "assisted by the best surgeons in Chicago," solicits "consultations by letter, with enclosures of \$2, and professes his readiness to perform "all kinds of surgical operations" "*very moderate* in all cases." The said periodical also contains a "Medical Department" conducted by the same "R. A. Gunn, M.D., Professor of Surgery, Bennett Medical College," in which, at the end of two columns of ignorant charlatanry, he warns the public against a traveling competitor, and assures his readers that Bennett Medical College "discountenances all forms of quackery."

Pray, who is this Gunn that makes so loud a report with such small charges? Is he a "great Gunn" or only an "Ancient Pistol"? If the latter, cannot he be made to go off without puffs?

Respectfully yours,

A MINOR CANON.

New York, Jan. 1, 1871.

In reply to the above, it is only necessary to state that the "Chicago Medical and Surgical Institute" is an offshoot of the *Bennett (!) Medical College*, an "Eclectic" concern which vegetates in a cockloft over some warehouse or commission store in this city.

The caution which the advertiser puts forth against some fancied competitor is simply stupendous in its impudence. It is the old *stop-thief* cry over again.

It is only necessary to advise *distant* readers that Prof. Moses Gunn of Rush Medical College, for many years previously Prof. of Surgery in the University of Michigan, and well known

throughout the United States, is in nowise responsible for the pranks of the person who wears, temporarily at least, his surname. This is an old dodge that our New York correspondent has certainly had occasion to see something of at home.

While we are on this subject we may as well say to many correspondents who have sent us copies of handbills, newspaper advertisements, etc., of all sorts, issued by persons claiming to be graduates of respectable medical colleges, and to have some wonderful methods of cure, etc., etc., *ad nauseam*, that, whatever the previous *status*, these parties in so doing directly cut themselves off from the legitimate profession, and must accept the situation assigned them by gentlemanly instinct as well as the spirit and letter of the code. From Du Quoin, Ill., comes, for instance, the announcement of an "Infirmary," duly illustrated with startling wood-cuts, and yet, if we are not mistaken, one or both the "Superintendents" are graduates of the Apostolic Reform School of this city. These gentlemen say they have treated in their rookery "THIRTY THOUSAND PATIENTS, including many strange and terrible cases." And to their statements plentiful certificates are not wanting.

Under these circumstances all medical men who wish to sustain a reputable character should forego mere clamor, or lachrymose appeals to the legislature for "protection," but each for himself secure that solid basis of sound learning, large and cultivated experience, and clear mental apprehension, which will commend him, and the profession he represents, to the confidence of all educated and thinking minds.

The U. S. Marine Hospital.

E. C. Rogers, M.D., has resigned the surgeoncy of the Marine Hospital, to take effect on the 1st inst. It is but simple justice to him to state that for the several years he has been in charge, the duties have been discharged with a fidelity and ability which have received the highest commendation from the official inspectors, and the general applause of all visitors. Everything about the institution has moved like clockwork, patients have received the most excellent care and treatment, and yet with that economy of expenditure which the Government needs everywhere exhibited, but, unfortunately, rarely finds illustrated.

His successor, N. T. QUALES, M.D., is a graduate of Rush Medical College, and a gentleman of excellent qualifications, both professional and personal. He has had considerable experience in the charge of hospitals in this city, and we have no doubt will fill the position with credit to himself and satisfactorily to the Government.

Responsibility.

It seems necessary to repeat frequently that all communications to this JOURNAL, and all selections inserted, must rest entirely on their merits for reception by readers. Some we may personally agree with, and others not at all. How can progress take place unless the varied observations and conclusions of intelligent men be advanced and compared? We believe in the largest liberty of disagreement consistent with a sincere search for the truth. Yet, while going thus far, and even admitting that in the wildest forms of human opinion there are always elements of truth present which may render them deserving the notice of the true medical philosopher, we must be permitted to state, here, that upon several important theoretical and practical points we differ *toto cælo* from several valued correspondents. An early opportunity will be taken to outline our own views upon these important matters.

For all articles whose authorship is not indicated by source, name, *nom de plume*, or initials, the Senior Editor is solely responsible.

These explanations have been given, again and again, nevertheless almost daily we receive letters asking us whether we endorse certain particular communications. We endorse nothing but good faith.

The American Practitioner.

The editors of this excellent new monthly have laid us under especial obligation by presentation of two elegantly bound volumes, comprising the numbers for 1870. The paper, typography and binding are superb, and we are happy to add, the matter contained is fully worthy its beautiful dress. Some of the best articles of the last year originally appeared in the *Practitioner*. It aims to be especially a journal of therapeutics, on the plan of its English namesake. Published at Louisville, Ky., by John P. Morton & Co. Edited by Professors Yandell & Parvin. \$3 a year.

Protection.

Another of the biennial attempts to secure legislation for the protection of the profession against quackery, etc., etc., is now in progress at the State capitol. Will not our uneasy brethren overhaul their primary reading, and study the fable of the frogs who prayed for a king?

The only protection the profession want from the legislature is, that they promptly pass the bill now before them, a copy of which is printed on another page of this No. of the JOURNAL.

American Journal of Obstetrics—Diseases of Women and Children.

By the courtesy of B. F. Dawson, M.D., Managing Editor and Proprietor, we receive the first two vols., handsomely bound, of this important scientific and practical record of gynæcology. It is published quarterly by W. A. Townsend & Adams, New York, and edited by Drs. Noeggerath, Dawson and Jacobi. \$4.00 a year. Single numbers, \$1.25.

This is the most valuable and ably conducted journal devoted to this department that it has been our fortune to meet. It richly deserves the full and generous support of the profession.

Original Communications

Have so taken up our pages the present No. that we are obliged to put over a large quantity of material already prepared. Will our correspondents please to recollect that, to insure prompt appearance of their favors, they should reach us on or before the tenth of the month preceding date of publication?

***A BILL To Promote the Science of Medicine and Surgery
in the State of Illinois.***

SECTION 1. It shall be lawful in cities and counties whose population exceeds twenty thousand inhabitants, for superintendents of penitentiaries, wardens of poor-houses, coroners, and city undertakers, to deliver to the professors and teachers in medical colleges and schools in this State, and for professors and teachers to receive, the remains or body of any deceased person, for purposes of medical and surgical study; *provided*, that said remains shall not have been regularly interred, and shall not have been desired for interment by any relative or friend of said deceased, within twenty-four hours after death; *provided, also*, that the remains of no person who may be known to have relatives or friends shall be so delivered or received without the consent of said relatives or friends; *and provided*, that the remains of no one detained for debt, or as a witness, or on suspicion of crime, or of any traveler, or of any person who shall have expressed a desire in his or her last sickness that his or her body may be interred, shall be delivered or received as aforesaid, but shall be buried in the usual manner; *and provided, also*, that, in case the remains of any person so delivered or received shall be subsequently claimed by any surviving relative or friend, they shall be given up to said relative or friend for interment.

SEC. 2. And it shall be the duty of the said professors and teachers decently to bury, in some public cemetery, the remains of all bodies after they shall have answered the purposes of study aforesaid; and for any neglect or violation of the provisions of this act, the party so neglecting shall forfeit and pay a penalty of not less than twenty-five nor more than fifty dollars, to be sued for by the health officers of said cities, or other places, for the benefit of their department.

SEC. 3. The remains or bodies of said persons as may be so received by the professors and teachers, as aforesaid, shall be used for the purposes of medical and surgical study alone, and in this State only; and whoever shall use such remains for any other purpose, or shall remove such remains beyond the limits of this State, or in any manner traffic in the same, shall be deemed guilty of a misdemeanor, and shall, on conviction, be imprisoned for a term not exceeding one year in a county jail.

SEC. 4. Every person who shall deliver up the remains of any deceased person in violation of, or contrary to, any or all of the provisions contained in the first section of this act, and every person who shall receive said remains, knowing the same to have been delivered contrary to any of the provisions of said section, shall each and every of them be deemed guilty of a misdemeanor, and shall, on conviction, be imprisoned for a term not exceeding two years in a county jail.